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ABSTRACT

This handbook presents standards for kinship foster care services. The handbook begins with introductory sections describing standards development, detailing how to use the standards, and differentiating standards of excellence; Council on Accreditation of Services for Families and Children, Inc. (COA) standards for accreditation; and state licensing procedures. The formal introduction describes the growth of kinship care as a child welfare service, the characteristics of such care, and principles for best practice in kinship care. Chapter 1 then defines kinship care, presents kinship care as a child welfare service, and outlines its goals. The chapter also delineates roles, rights, and responsibilities of the child welfare agency, parents, and kinship caregiver in such care. Chapter 2 details standards related to social work practice methods in informal and formal kinship care, including the assessment process and permanency planning. Chapter 3 presents a framework for providing supports and services for kinship families and includes standards related to services for parents with children in formal kinship care, for children, and for kinship caregivers. Chapter 4 presents an organizational framework for delivering kinship care services and includes standards related to staffing, organizational support, educational support for caregivers, staff training, recordkeeping and data systems, evaluation and research, and financial supports for services. Chapter 5 details standards related to community-based support for kinship care services, focusing on the role of various community members. (Contains 161 references.) (KB)

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Child Welfare League of America

STANDARDS

OF CWLA Standards of Excellence for
Kinship Care Services

EXCELLENCE

STANDARDS OF EXCELLENCE FOR
KINSHIP CARE SERVICES

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Child Welfare League of America

CWLA Standards of Excellence for Kinship Care Services

**Child Welfare League of America
Washington, DC**

The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and families, and protecting every child from harm.

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Contents

FOREWORD	v
ACKNOWLEDGMENTS	xi
HOW TO USE CWLA STANDARDS	xiii
DIFFERENTIATION OF CWLA STANDARDS OF EXCELLENCE, COA STANDARDS FOR ACCREDITATION, AND STATE LICENSING	xv
INTRODUCTION	1
1 KINSHIP CARE AS A DISCRETE CHILD WELFARE SERVICE	11
2 SOCIAL WORK PRACTICE IN KINSHIP CARE	21
3 SUPPORTS AND SERVICES FOR KINSHIP FAMILIES	53
4 ORGANIZATION AND ADMINISTRATION OF KINSHIP CARE SERVICES	69
5 COMMUNITY-BASED SUPPORT FOR KINSHIP CARE SERVICES	105
SELECTED REFERENCES	117
INDEX	129

Foreword

Setting standards and improving practice in all child welfare services have been major goals of the Child Welfare League of America (CWLA) since its formation in 1920. With the issuance of this revision, CWLA reaffirms its commitment to establishing standards of excellence that can be used as goals to advance and guide contemporary practice. As we continue to learn more about the essentials for the healthy growth of children, CWLA can help to redefine the responsibility of society to provide for children the conditions and opportunities that encourage their development.

Since the inception of its program of standards development, CWLA has formulated a series of standards based on current knowledge, the developmental needs of children, and tested ways of meeting these needs most effectively. The preparation of standards involves an examination of current practices and the assumptions on which they are based, a survey of the professional literature and standards developed by others, and a study of the most recent experiences of social work and related fields—child development, child care, education, mental health, psychology, medicine, psychiatry, and sociology—as well as other appropriate and pertinent fields such as management, business, technology, managed care, communication, and marketing, as they bear on child welfare practice and management.

The final formulation of standards follows an extended discussion of principles and issues by experts in each service area, the drafting of a preliminary statement, and a critical review by CWLA member agencies, representatives of related professions, and other national organizations.

CWLA's preparation of standards involves the wide participation of local, state, and national agency representatives. Many CWLA member agencies, including state human service departments as well as voluntary agencies, have contributed the professional time and travel costs of their staff members who developed these standards, reviewed draft statements, and made suggestions for revision. Representatives of national organizations, governmental agencies, sectarian agencies, universities, and professional associations in related fields have taken part in the various committees.

Purpose of CWLA Standards

CWLA standards are intended to be standards of excellence—goals for the continuing improvement of services for children and their families. They are not the criteria for CWLA membership, although they do represent those practices considered to be most desirable in providing services to children and their families. As goal standards, they reflect what we as a field collectively recognize as the best ways to work with children and their families. They provide us with a vision to which we can aspire. They also are used in the development of the standards of the Council on Accreditation of Services for Families and Children, Inc. (COA).

CWLA standards are directed to all who are concerned with the enhancement of services to children and their families, including parents; public and voluntary child welfare agency governing board members; direct service, supervisory, and administrative staff members; the general public; citizen groups; public officials; courts and judges; legislators; professional groups; organizations serving children and their families; organizations whose functions include the planning and financing of community services; state or local agencies entrusted by law with functions relating to the licensing or supervision of organizations serving children and their families; tribal organizations; advocacy groups; and federations whose membership requirements involve judgments on the nature of services rendered by their member agencies.

Standards of excellence can stimulate the improvement of services only as they question the value of present practices, convey a con-

viction that change is desirable, offer a philosophic base from which to examine current practice, and provide a vision toward which we can aim. They provide the means to test the premises from which practice develops and allow the measurement of current services and performance against what is known to be the best possible practice.

Standards are of use in planning, organizing, and administering services; in establishing state and local licensing requirements; and in determining requirements for accreditation. They offer content for teaching and training in child welfare and other related fields, in professional schools, in inservice training and staff development programs, and in the orientation of the organization's governing body members, staff members, and volunteers. They can help to explain and justify expenditures and budget requests to fundraising bodies and appropriation committees of legislatures. Finally, standards can promote an understanding of how a service may more effectively meet the needs of children and their families, what it should be expected to do, and how it can be used. In that way, standards promote increased public interest, understanding, and support for pertinent legislation, improved financing, and the provision of quality services to children and their families.

Development of CWLA Standards

To maintain their visionary quality, CWLA standards are subject to continual review and revision, since knowledge about children, families, communities, human behavior, and the treatment of human needs grows constantly. Developments in management and the social sciences; the continuing evaluation of the effectiveness of current social service practices, policies, and programs; and shifting patterns of social values and social organizations lead to the continued modification of the vision for quality in child welfare practice and management.

The Child Welfare League of America has a long tradition of addressing emerging issues in child welfare. Over the past decade, as the number of children cared for by kin has continued to rise, agencies have called upon CWLA for policy, program, and prac-

tice guidance to help in developing and implementing effective kinship care policies and programs. In response, CWLA began a process for developing policy and practice recommendations. In 1992, CWLA convened the North American Kinship Care Policy and Practice Committee. Through a series of meetings, the committee provided CWLA with expertise on the critical issues involved in kinship care. Subsequently, CWLA published *Kinship Care: A Natural Bridge*, which summarized the thinking of the committee; initiated a demonstration project, "Enhanced Support Services for Kinship Caregiver Families"; and convened the first national conference on kinship care.

During this period, kinship care had become increasingly recognized as a child welfare service. Colleagues in the field, including the members of the CWLA National Kinship Care Advisory Committee, urged CWLA to move forward with the development of best practice standards. The CWLA Kinship Care Best Practice Standards Committee met for the first time in October 1997 to begin the process of developing a new volume of kinship care standards. The committee comprised individuals representing CWLA public and voluntary member agencies from various geographic regions of the country. The committee's membership was ethnically and culturally diverse, and members encompassed the perspectives of agencies involved in kinship care as well as those of kinship caregivers. Other committee members represented national organizations concerned with kinship and related services, the National Indian Child Welfare Association, the Council on Accreditation of Services for Families and Children, Inc., and the U.S. Department of Health and Human Services Children's Bureau.

The committee began with the framework established in *Kinship Care: A Natural Bridge* and crafted standards that built upon the philosophy, values, and practice recommendations of the earlier work. The standards follow the format used by CWLA's other program standards. They are intended to be relevant to those involved with both informal and formal kinship care services, and to be applicable to both voluntary, nonprofit organizations providing kinship care services and to public child welfare agencies at the state, tribal, and local levels.

Two additional meetings of the Kinship Care Best Practice Standards Committee were held, drafts of various chapters were circulated and reviewed, and the committee received a draft of the completed revision in 1999 for final review. A draft of the proposed standards was then circulated to CWLA's five regions for review by the membership. The content of this volume was approved by CWLA's board of directors on June 13, 1999. It henceforth stands as the policy of the Child Welfare League of America for the provision of services both to children in need of kinship care and their families.

RAYMOND P. CARPENTER

President

Child Welfare League of America, Inc.

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How to Use CWLA Standards

CWLA standards are designed for quick and easy access to pertinent information.

A two-part format for the standards was approved by CWLA's Board of Directors in 1984. One volume, entitled *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations*,* presents the generic components of child welfare practice that apply across the field. The components of each specific service are presented in separate volumes and encompass only those service elements applicable to a particular arena of child welfare practice. Each is updated when appropriate.

The contents page of each standard affords a rapid overview of the general and specific subjects covered. For information on a particular practice, the index lists in alphabetical order each subject of interest and its related categories in the text. Each standard is designated by a number. The digit before the decimal point indicates the chapter in which the standard can be found; the digits after the decimal point designate its numerical order within the chapter. The first (nonindented) paragraph of each numbered sec-

* *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations* [1996] serves as a replacement for *CWLA Standards for Organization and Administration for All Child Welfare Services* [1984].

tion represents the standard. The rest of each section may be considered as elaboration, explanation, or illustration. The introductory chapter affords an historical background and philosophical overview, and provides perspective for the remainder of the volume.

Various aspects of an issue may be discussed in more than one volume of CWLA's standards, and the reader is urged to consult those volumes as appropriate. In addition to this volume on kinship care, CWLA's standards series includes volumes addressing services for adoption, child day care, child protective services, family foster care, family preservation, family support, health care for children in out-of-home care, in-home aides, independent living, pregnant and parenting adolescents, and residential group care. Information on obtaining these volumes is available from CWLA at the address listed on the copyright page of this volume.

Differentiation of CWLA Standards of Excellence, COA Standards for Accreditation, and State Licensing

CWLA Standards of Excellence

The Child Welfare League of America standards of excellence are intended to be used as goals for practice in the field of child welfare services. They are intended to provide a vision of what is best for children and their families and, as such, encourage the continual strengthening of services. CWLA standards carry no implication of control or regulation. Rather, by bringing together the collective experience of the field to bear upon the work of each organization, they provide a valuable tool for both public and non-profit agencies.

The standards present practices considered to be most desirable in providing services, regardless of an organization's auspices or

setting. CWLA's standards are widely used to influence practice throughout North America.

CWLA standards of excellence make it possible to compare what exists with what is considered most desirable for children and their families, and to judge the extent to which current performance approximates or deviates from the most desirable practice. The standards have an educational purpose as well, disseminating what is accepted to be the best current thinking and practice in each child welfare service area.

Since CWLA initiated its standards-setting function, it has continued to revise established standards and to develop new ones as new services emerge. Setting standards involves consultation with national experts and direct service practitioners, a comprehensive review of the literature, and the achievement of professional consensus based on knowledge, experience, and research.

COA Standards for Accreditation

Published by the Council on Accreditation of Services for Families and Children, Inc. (COA), the *Standards for Accreditation* constitute a set of requirements for current agency administration, management, and service delivery. They are rigorous but realistic descriptions of practice standards that a competent provider organization should be able to meet. They establish a system based on measurable criteria. Although the COA standards are based, in part, on CWLA standards, COA is an independent accrediting body for social service organizations.

State Licensing

Through the licensing of child-placement agencies, residential group care facilities, family foster homes, and child day care facilities, states exercise their police power to protect children from risks against which they would have little or no capacity for self-care and protection. *Police power*, as defined by Black's Law Dictionary [§1401], is "the exercise of the sovereign right of the gov-

ernment to promote order, safety, health, morals, and the general welfare within constitutional limits and is an attribute of government using the power of the state to enforce laws for the well-being of its citizens." It is the basis of licensing laws. Licensing requirements provide basic protections by the state for the well-being of children and their families.

Introduction*

Kinship care is the full time care, nurturing, and protection of children by relatives, members of their tribes or clans, or other adults who have a family relationship to a child [Child Welfare League of America 1994]. The practice of kin parenting children when their parents cannot is a time-honored tradition in most cultures. In North America, the full-time care of children by kin is prevalent in many communities and is increasing substantially in others.

Kinship support systems may comprise nuclear family, extended family, blended family, foster family, or adoptive family members, or members of tribes or clans. The involvement of kin can stabilize family situations, ensure the protection of children, preserve family relationships, and prevent the need to separate children from their families and place them in the formal child welfare system.

Kinship Care as a Child Welfare Service

Kinship care has an essential place in child welfare services, providing an opportunity to protect children and meet their needs apart from their parents yet with their families. Kinship care arrangements vary and may be made between and among family members or, alternately, may involve child welfare agencies.

The most common type of kinship care is informal. In *informal kinship care*, the family decides that the child will live with

* Portions of this introduction were adapted from *Kinship Care: A Natural Bridge* [Child Welfare League of America 1994].

kin. Although a social worker may be involved in helping family members plan for the child, a child welfare agency does not assume legal custody of or responsibility for the child.

Formal kinship care involves the parenting of children by kin as a result of a determination by the court and the public child protective services agency that a child must be separated from his or her parents because of abuse, neglect, dependency, abandonment, or other special circumstance. In formal kinship care, the court places the child in the legal custody of the child welfare agency, and kin provide the full-time care, protection, and nurturing that the child needs.

Both informal and formal* kinship caregivers may need a range of child welfare services. Informal kinship caregivers may need help in establishing a legally recognized status with respect to the child (e.g., temporary custody, legal guardianship). They may need services such as child day care or assistance in meeting the child's health care needs. Although children in informal kinship care are usually not eligible for the services or benefits that accompany formal placement arrangements, they may qualify for benefits under the Temporary Assistance to Needy Families (TANF) or the Supplemental Security Income (SSI) programs, or for child support.

Kinship caregivers are typically subject to the same state approval or licensing requirements as unrelated caregivers. They should receive educational support or other formal preparation, and be afforded an opportunity to participate in case planning for the child. Most significantly, children in formal kinship care may receive financial assistance through state and federal out-of-home care programs such as the Title IV-E foster care program or the Title IV-B child welfare services program.

The Growth of Kinship Care

In 1998, about 4 million children lived with their grandparents; of these children, 1.4 million had neither parent present

* Unless the form of kinship care is specified, the standards in this volume should be considered applicable to both formal and informal kinship care.

[U.S. Bureau of the Census]. In addition to the children living with grandparents, another 1.2 million children lived with other relatives [U.S. Bureau of the Census 1998]. The number of children living with relatives has continued to grow [U.S. Bureau of the Census 1998].

A number of factors have affected the development and growth of kinship care: the rising number of children in out-of-home care, the increasing agency recognition of kin as resources for children, the declining number of nonrelative foster families, and the enhanced placement stability that children in need of care often experience when placed with kin.

Increasing Numbers of Children in Out-of-Home Care

Since 1986, child abuse and neglect reports have increased nearly 100%. In 1997, child welfare agencies investigated reports of child abuse and neglect involving more than three million children; 960,870 of these children were found to have been abused or neglected [U.S. Department of Health and Human Services 1999]. Many of these children are in need of some form of out-of-home care. At the same time, substance abuse, poverty, HIV/AIDS, and homelessness have brought increasing numbers of children into the child welfare system [Congressional Research Service 1993; Testa 1992]. As of March 1999, 547,000 children were in care, up from 280,000 in 1985, a 95% increase [U.S. Department of Health and Human Services 2000].

Much of the growth in out-of-home care has been in formal kinship care [U.S. Department of Health and Human Services Inspector General 1992]. In 1997, an estimated 150,000 children (one-third of all children in out-of-home care) were in formal kinship care [U.S. Department of Health and Human Services 1997]. Formal kinship care placements are rising most dramatically in Illinois, New York, California, and Maryland.

- In their study on caseload growth in out-of-home care, Wulczyn and Goerge [1991] found that approximately 1,000 children were in New York City's kinship care programs in 1986. By 1998, 11,432 children were in kinship care, out of 38,150 children in out-of-home care [U.S. Department of Health and Human Services 2000].

- In Illinois, 58% (19,945 of 34,650) of the children placed in out-of-home care in 1998 were placed in kinship care [U.S. Department of Health and Human Services 2000].
- In California, two-thirds of the growth in out-of-home care from 1984 to 1989 has been attributed to the dramatic rise in kinship care [Berrick et al. 1994]. In April 2000, 49,138 welfare-supervised children were in kinship care in California, out of 107,227 children in out-of-home care [Child Welfare Research Center 2000].
- Maryland likewise has experienced significant increases in kinship care. In 1986, approximately 154 children were in kinship care, while almost 3,200 children were in out-of-home care with unrelated caregivers. By 1998, the number of children in unrelated foster care had stabilized, but the number of children in kinship care had grown to over 3,000 [Advocates for Children and Youth 1999].

Agency Recognition of Kin as a Resource for Children

The use of kinship care has increased in part because of the willingness of kin to care for their relative's children and agency recognition of kin as resources. A 1986 study by the National Black Child Development Institute found that when agencies considered relatives as a resource for children needing out-of-home care, more than half of the relatives contacted offered to assist the child, usually as the child's caregiver [National Black Child Development Institute 1991]. Similarly, a study conducted at the University of California at Berkeley of 246 kinship parents and 354 unrelated foster families found that relatives often came forward to care for their kin children either voluntarily or when asked by an agency if they would care for the child [Berrick et al. 1994].

As public child welfare agencies turn to kin as placement resources, relatives are readily responding and providing care, although not without costs to caregivers. Often, relatives agree—at significant personal sacrifice—because they do not want the child to leave the family [Cinnamusti 1998; Petras 1998].

Declining Number of Foster Families

The increase in the use of kinship care also is attributed to a shortage of nonrelative foster families. In 2000, the National Foster Parent Association (NFPA) reported on its website that, between 1986 and 1996, the number of foster families declined by 30%, while the number of children in out-of-home care increased by 90%.

Length of Stay in Care and Stability of Placement

Children entering kinship care tend to remain in care for longer periods of time than children placed with nonrelative foster parents [Courtney & Needell 1997; Wulczyn et al. 1997]. A study of children entering care in New York City in 1988 found that 88% of those who entered kinship care were still in care in June 1990, compared to 50% of those who entered family foster care [Wulczyn & Goerge 1991]. Similar patterns were found in California and Maryland [Benedict & White 1991; Berrick et al. 1994].

Research suggests that kinship care can provide a stable family arrangement for many children. Children in kinship care are less likely to experience multiple placements than their counterparts in family foster care. Of the children who entered California's foster care system in 1988, for example, only about 23% of those placed initially with kin experienced another placement, while 58% of children living with unrelated foster families experienced at least one subsequent placement during the following three and one-half years [Berrick et al. 1994].

Finally, research reports positive outcomes for children who have been reunified with their parents after staying in kinship care. Barth and colleagues [1994] found that children reunified after kinship care were less likely to re-enter care than children reunified after out-of-home care with nonrelatives.

These findings on length of stay, placement stability, and reunification have important implications in relation to the increasing number of children in out-of-home care in general and in kinship care in particular. The growth in the number of children in out-of-home care is associated with increased lengths of stay in kinship care, an issue that impacts permanency plan-

ning. Observed relationships between kinship care, placement stability, and reunification, however, suggest positive developmental benefits for children cared for by kin.

Best Practice in Kinship Care

When appropriately assessed, planned for, and supported, kinship care is a child welfare service that reflects the principles of child-centered, family-focused casework practice, the model of practice that child welfare practitioners advocate as the unifying theme for child welfare services.

In a child-centered, family-focused system, the child's need for safety, nurturance, and family continuity drive service delivery and funding. Kinship care can meet these needs and strengthen and support families by

- enabling children to live with persons whom they know and trust;
- reducing the trauma children may experience when they are placed with persons who initially are unknown to them;
- reinforcing children's sense of identity and self-esteem, which flows from knowing their family history and culture;
- facilitating children's connections to their siblings;
- encouraging families to consider and rely on their own family members as resources;
- enhancing children's opportunities to stay connected to their own communities and promoting community responsibility for children and families; and
- strengthening the ability of families to give children the support they need.

As the number of children cared for by kin continues to rise, CWLA member agencies and the child welfare field as a whole can benefit from policy, program, and practice guidance if they are to develop and implement effective kinship care policies and programs. The phenomenon of children living with kin for full-time protection, nurturing, and care has prompted child welfare agencies to take a new look at the nature of kinship

care, the role of kinship care as a child welfare service, and the relationships among kinship care, family preservation, and out-of-home care. Agencies have begun to address a number of policy and practice issues including

- providing supports and services for children, kinship caregivers, and parents;
- developing and delivering kinship care services.
- assessing, monitoring, and supervising kinship homes;
- planning for permanency for children in kinship care; and
- determining the appropriate level and means of providing financial support for children living with kin.

CWLA's *Standards of Excellence for Kinship Care Services* are intended to provide guidance to child welfare agencies and the field as a whole as they develop and implement kinship care policies and programs. The standards in this volume speak to the continuum of services needed to keep children safe, ensure family connectedness, and achieve permanency for children cared for by kin when parents are unable to do so.

References

- Advocates for Children and Youth. (1999). *1999 report on Maryland's child welfare system*. Baltimore: Author.
- Barth, R. P., Courtney, M. E., Berrick, J. D., & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services, pathways and placements*. New York: Aldine de Gruyter.
- Benedict, M. I., & White, R. B. (1991). Factors associated with foster care length of stay. *Child Welfare*, 70, 45-58.
- Berrick J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship care as family preservation. *Children and Youth Services Review*, 16, 33-63.
- Cinnamusti, R. A. (1998). Caregiver burden in kinship foster care. In J. P. Gleeson & C. F. Hairston, *Kinship Care: Improving practice through research* (pp. 257-278). Washington, DC: CWLA Press.
- Child Welfare League of America. (1994). *Kinship care: A natural bridge*. Washington, DC: CWLA Press.

- Child Welfare League of America. (1997). *CWLA stat book*. Washington, DC: CWLA Press.
- Child Welfare Research Center. (2000). *Performance indicators for child welfare services in California: Caseload updates from CWS/CMS extract through quarter one, 2000*. Berkeley, CA: Author.
- Courtney, M. E. & Needell, B. (1997). Outcomes of kinship care: Lessons from California. In R. P. Barth, J. D. Berrick & N. Gilbert (Eds.), *Child welfare research review* (vol. 2) (pp. 129-159). New York: Columbia University Press.
- Congressional Research Service. (1993). *Kinship foster care: An emerging federal issue*. Washington, DC: U.S. Government Printing Office.
- Maryland Department of Human Resources. (1993). *Services to extended families with children, Monthly report 1993*. Baltimore, MD: Author (Interdepartmental Report).
- National Black Child Development Institute. (1991). *Parental drug abuse and African American children in foster care: Issues and study findings*. Washington, DC: National Black Child Development Institute.
- National Foster Parent Association. (1991). *National foster care facts and figures*. Houston, TX: National Foster Parent Association.
- Petras, D. (1998). The effect of caregiver preparation and sense of control on adaptation of kinship caregivers. In J. P. Gleeson & C. F. Hairston, *Kinship care: Improving practice through research* (pp. 233-256). Washington, DC: CWLA Press.
- Testa, M. (1992). Conditions of risk for substitute care. *Children and Youth Services Review*, 14(1/2), 27-36.
- U.S. Bureau of the Census. (1998). *Current Population Reports: Marital status and living arrangements: March 1998 (Update)*. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census.
- U.S. Department of Health and Human Services. (1997). *Informal and formal kinship care*. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services. (2000a). *AFCARS data: Current estimates*. [Online]. Available: <http://www.acf.dhhs.gov/programs/cb>.
- U.S. Department of Health and Human Services. (2000b). *Report to the Congress on kinship care*. Washington, DC: Author.
- U.S. Department of Health and Human Services. (1999, April 1). *HHS reports new child abuse and neglect statistics*. [Online]. Available: <http://waisgate.hhs.gov/cgi-bin/wa...4479006+14+0+0&WAIaction=retrieve>.

- U.S. Department of Health and Human Services, Office of the Inspector General. (1992). *Using relatives for foster care and state practices in using relatives for foster care*. Washington, DC: U.S. Government Printing Office.
- Wulczyn, F. H. & Goerge, R. M. (1991). *Foster care in New York and Illinois: The challenge of rapid change*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Wulczyn, F. H., Harden, A. W. & Goerge, R. M. (1997). *Foster care dynamics 1983-1994: An update from the multistate foster care data archive*. Chicago: Chapin Hall Center for Children at the University of Chicago.

Kinship Care as a Discrete Child Welfare Service

Goals

- I. To develop and implement a program of supports and services that specifically address the needs and potential of the children and families involved in kinship care.
- II. To establish policies, procedures, programs, and practices that ensure safety, permanency, and well-being for children in kinship care while maintaining family and cultural continuity.
- III. To design, staff, and fund programs so that kinship families are supported and receive the services they need to provide safe and nurturing care for their children.

Definitions of Kinship Care

1.1 Definition of kinship care

Kinship care is the full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with the child [CWLA 1994]. Kinship care plays an essential role in the array of child welfare services.

Kinship care arrangements always involve caregiving by kin. The arrangements themselves, however, may be made between and among family members (informal kinship care) or, alternatively, may involve child welfare agencies (formal kinship care).

1.2 Informal kinship care

Informal kinship care is a living arrangement in which parents ask kin to care for their children and the public child welfare agency assumes neither legal custody nor fiscal responsibility for the children.

Parents and their relatives are free to arrange informal kinship care when issues relating to the safety and protection of the children have not been brought to the attention of the child welfare system. Because parents retain custody of their children, informal kinship caregivers need not be approved, licensed, or supervised by the state. Social workers, however, may be involved in helping family members plan for their children and the informal kinship care arrangement.

Kinship care provides a means of protecting and nurturing children while preserving family relationships. When children cannot be reared by their parents, kinship care offers the opportunity for children to live within their own kinship families and have the nurturance, permanence, and stability that care by kin can provide.

Informal kinship care preserves family relationships for the child and can effectively prevent the need for court intervention based on child protection concerns and avoid the formal placement of children in the child welfare system.

1.3 Formal kinship care

Formal kinship care (also known as *kinship foster care*) is the daily parenting and care of children by kin as a result of a determination by the court and the public child protective service agency that a child must be separated from his or her parents because of abuse, neglect, dependency, abandonment, or special medical circumstances. In formal kinship care, the court

places the child in the legal custody of the child welfare agency, and kin provide full-time care, protection, and nurturing to the child.

Kinship Care as a Child Welfare Service

Kinship care, in some ways, resembles other child welfare services. Because kinship caregivers are related to the child and the parents, kinship care is first and foremost a family service; because kinship care can provide a haven for the child in familiar surroundings, it serves a protective function for the child; and because a child welfare agency may place a child with kin, it includes some of the features of an out-of-home care service.

Although kinship care includes elements of family support and family preservation, child protection, and out-of-home care, it is a unique service. Kinship care policies and practices must build on its strengths, attend to its unique features, and ensure that parents and caregivers are optimally supported in their efforts to ensure a safe and permanent family setting for children.

1.4 Formal kinship care as a child welfare service

Kinship care is an essential child welfare service and should be the first option considered and assessed when a child is placed in the custody of a child welfare agency, either through court order or voluntarily by parents.

Based on the needs of the child, kinship care should be the first option assessed when a child must be separated from his or her parents. Kinship care brings the benefits of safety, nurturance, and stability within the child's extended kin network.

Kinship care may not, however, always be a realistic option. Kin may not be available or may be unable to meet the safety and developmental needs of the child. In such cases, other out-of-home care options—such as family foster care, group care, or residential care—should be considered.

1.5 Guiding principles for kinship care

Kinship care policy development, service design and delivery, and practice should be guided by the same principles that undergird family support, family preservation, family foster care, and other child welfare services. These principles should be applied to services for children, their parents, and their kinship caregivers.

Sound child welfare practice and policy are based on the following principles:

- The most desirable place for children to grow up is in their own caring families when those families are able to provide safe and nurturing relationships intended to last a lifetime.
- All families have strengths. Positive change is promoted when family strengths are supported and family needs are addressed.
- Every child's family, however that family is defined (including nuclear, blended, extended, tribe or clan, or adoptive), is unique and has value, worth, integrity, and dignity.
- Children deserve to grow up in permanent and stable families.

Children living with kin are entitled to support and services as needed to ensure their safety, growth, and healthy development. When children are living with kin, their birth parents and their kinship caregivers should be supported in their respective roles as nurturers, protectors, and teachers of the children in their care. Kinship families should have access to support and services that are comprehensive, coordinated, and culturally responsive.

1.6 Kinship care as family-centered practice

When appropriately assessed, planned for, and supported, kinship care is a child welfare service that reflects the principles of family-centered casework practice: child-centeredness and a family focus.

In a family-centered system, the child's need for safety, nurturance, permanency, and family continuity drives ser-

vice delivery and funding. Children's needs are considered first, but always in the context of having a family, and always with a focus on maintaining and building family ties. Family-centered practice requires that social workers, supervisors, and the child welfare system attend to the child's safety and well-being as well as work with the family to build the strongest possible caring environment for the child.

A family-centered system

- respects family strengths and diversity;
- builds upon family resources;
- views the family as a cohesive and successful unit, whenever possible;
- works to strengthen families and prevent the unnecessary separation of children from their families; and
- recognizes that children need families and that it is in families that children thrive, are loved and educated, and are taught family and societal values.

A family-centered system views family members as partners in service delivery and offers the family interventions designed to strengthen the ability of the family to care for children and achieve family connectedness.

A family-centered child welfare system responds to the culturally and ethnically diverse children and families it serves, and is diligent in identifying and eliminating barriers to culturally competent services.

1.7 Goal of formal kinship care

Formal kinship care should strive to attain a safe, permanent family for children while maintaining family and cultural continuity.

Children in kinship care need safe, stable, and permanent family living arrangements.

Permanence can include reunification with parents, adoption, legal guardianship or guardianship supported by a subsidy much like that of subsidized adoption or other tribally sanctioned or determined permanent plans.

Kinship care services should aid the entire family in developing and implementing a plan that will ensure the safety, permanency, and well-being of children and strengthen and support families by

- building the strongest possible permanent environment for the child—at home with parents, with kin, with adoptive parents, in planned long-term family foster care, or in other care settings that provide a strong family connection; and
- enhancing the opportunity for children to live in families who make a commitment to raise them to adulthood.

1.8 Formal kinship care and out-of-home care

Formal kinship care should be recognized as differing significantly from nonrelative family foster care and yet having some features of out-of-home care.

Kinship care differs significantly from other forms of out-of-home care in that the child, the parents of the child, and the kinship caregivers already have established relationships. This history forms the context for all future interactions. Just as family dynamics affect the relationships among members of the birth and kinship family, these dynamics will influence the way the family interacts with the agency.

Family dynamics must be considered by the social worker in developing a helping relationship with the family, assessing the family's needs and strengths, in assessing and planning for safety, working toward reunification of the child with the parent, and pursuing other permanency options such as adoption, customary tribal adoptions, or guardianship.

In formal kinship care, as in other forms of out-of-home care, the child protective services agency has intervened because of abuse, neglect, or abandonment; assumed custody of the child; and, in many cases, placed the child with kin. Foster care payments may be provided, and kin may be subject to the same state approval or licensing requirements as unrelated foster parents (e.g., a home study, adherence to the

agency's discipline policy, participation in training or other formal preparation, and case planning and implementation of case plans, including contact with parents).

Roles, Rights, and Responsibilities in Kinship Care

In establishing and providing kinship care services, the agency should define the roles, rights and responsibilities of all parties involved: the agency, parents, and caregivers. The agency should define its role and responsibilities in terms of helping families build their parenting capacity; in promoting family functioning, family self-reliance, and the competence of both parents and kinship parents; and in strengthening family ties and enhancing the family's coping capacity through prevention and rehabilitation. The agency should ensure that parents and caregivers understand their roles, rights, and responsibilities: what they must do to meet agency requirements and what they can expect from the agency in terms of services and supports.

1.9 Child welfare agency role and responsibilities in informal kinship care

The child welfare agency should respond to requests from kinship families and assist them in providing care and protection for the children in their care.

When a child is already living with kin and the family requests assistance, the agency should provide information and referral, help the family to access needed services, or offer direct assistance, such as a family assessment or family services, if appropriate.

1.10 Child welfare agency role and responsibilities in formal kinship care

When a child and family come to the child welfare agency's attention because of alleged child abuse or neglect and it is determined that the child cannot remain with his or her parents, the agency should determine the willingness and ability

of kin to care for and protect the child. The agency should strengthen and support kinship families who are willing and able to care for a child who is in state custody and in need of care, ensure that the child is protected and cared for and receives needed services, and ensure that the parents receive services directed toward reunification or, if reunification is not possible, toward another permanency goal.

When a child must be removed from the custody of his or her parents as a result of child abuse or neglect, the agency should

- determine the capacity and ability of the family to accept and use help to assure the safety of the child and reduce long-term risk;
- determine the level of intervention and types of service needed to support the family's efforts to protect and care for the child;
- work with the family and the community to assure that needed services are provided;
- provide culturally sensitive services; and
- determine when and if court intervention is needed to protect the child and file petitions as required.

When a child is formally placed with kin, the agency should

- thoroughly assess the family's strengths and needs;
- develop, with the parents, kinship caregivers, and child (as age and developmentally appropriate), a service plan based on the family's strengths and needs;
- provide or ensure access to comprehensive services that support the child, parents, and kinship caregivers, and facilitate access to the community resources necessary to carry out the service plan;
- create and support agency teams, based upon the child's and family's assessed needs, to include the social worker, kinship caregivers, parents, the child (as age and developmentally appropriate), and any others who are needed to implement the plan;
- ensure ongoing training for all members of the team;
- maintain communication with the kinship family, including visiting the family at least monthly;

- develop a system of support services and financial reimbursement for the kinship family that will adequately meet the needs of the child in care; and
- advocate in behalf of the children and families the agency serves.

1.11 Parental role, rights, and responsibilities

The primary role of parents is to ensure that their children are cared for and protected. When parents come to the attention of the child welfare agency and kinship care is being considered for their children, parents have rights and responsibilities regarding the current and future care of their children.

In fulfilling their role of ensuring that their children are cared for and protected, parents should

- provide adequate care and supervision of their children;
- utilize consistent, appropriate, and nonpunitive disciplinary techniques;
- seek support from family, friends, and the community, whenever appropriate, in protecting their children;
- involve themselves in a constructive way in the activities of agencies serving their children; and
- when necessary, participate in the development, implementation, and completion of a service plan that will result in safety, permanency, and well-being for their children.

When parents come to the attention of the child welfare agency and consideration is given to kinship care for their children, parents have rights that should be respected and responsibilities regarding their children. To the greatest extent possible, the agency should ensure that parents

- actively participate in the family assessment and decisionmaking process;
- are assisted in making the changes necessary to prevent the unnecessary separation of their children from their care;

- have the opportunity to suggest what relative is available to provide care for their children on a temporary basis when separation is necessary; and,
- have regular contact with their children while their children live with kin.

1.12 Kinship caregiver role, rights, and responsibilities

The child welfare agency should encourage kinship caregivers to be active partners with the agency and the child's parents.

Kinship caregivers have the following roles, rights, and responsibilities:

- to protect, nurture, and care for the child in their care for a temporary or extended period of time;
- to assure that the child's needs are met;
- to help the child to return to his or her parents whenever possible;
- to help the parents make the changes necessary to resume parenting; and
- when children are unable to return to their parents, to become actively involved in establishing and achieving a permanent plan for their children.

Social Work Practice in Kinship Care

Goals

- I. To enhance the ability of kinship families to provide a safe, stable, and nurturing environment for children in their care.
- II. To engage all members of the kinship family network in assessing child and family strengths, needs, and resources.
- III. To facilitate family decisionmaking regarding child safety, permanency, and well-being.
- IV. To encourage kinship families, including parents, to be active participants in the planning process for the children in their care.
- V. To assist kinship families in identifying their strengths and promoting positive change.

Social work practice with families and their children is at the core of kinship care services. Social work practice in kinship care helps assure the safety of children; helps parents and caregivers strengthen their parental roles; and helps families identify their strengths and their vulnerabilities, formulate realistic expectations, and develop coping strategies and skills to deal with life challenges.

Social work practice in kinship care can range from brief interventions to long-term assistance involving the collabo-

ration of many community agencies, such as social service agencies, schools, hospitals, and other community resources. A complete range of supportive services, focused on individuals within the family or the entire family system, may be required. Such services must be flexible and able to address the diversity within families. Providers should be familiar with and involved in the community.

2.1 Professional social work practice

Professional social work principles, methods, and values should be used as a foundation in working with kinship families and in helping them to make permanent and timely plans for the children in their care.

2.2 Family, agency, and community involvement

Social work practice in kinship care services should be a partnership involving the family, the agency, and the community.

Encouraging and supporting families to be active participants in the assessment and service planning process is the most effective way to keep children safe, strengthen families, and achieve permanency.

2.3 Family-centered casework

Family-centered casework should be the foundation of social work practice in kinship care services.

Family-centered casework techniques are an appropriate base for kinship care services because they encourage the active participation of the entire family unit.

Family-centered casework involves conducting assessments *with* families rather than *of* families and provides direct intervention with parents, caregivers, children, and other family members to protect the child and support the treatment of the entire family.

Because family-centered casework recognizes that each family is unique, it approaches each family from an individual perspective and respects cultural values as key factors in the decisionmaking process.

Family-centered casework should be provided by social workers with knowledge, training, experience, and skills in the cultural and ethical issues of the families they serve.

2.4 Social work practice methods in kinship care

The agency providing kinship care services should use the full range of social work practice methods, based on the foundation of family-centered social work, in working with parents, children, and kinship caregivers.

Methods should include family therapy, family group conferencing, mediation, group work, crisis intervention, family and child advocacy, information and referral, and community development and organization.

Given the multiple stresses experienced by many kinship families, the agency should also make full use of social support methods. Social support methods, which are particularly relevant in kinship care, include:

- providing concrete resources;
- providing information, including written material clearly describing services and supports for kinship families;
- teaching, modeling, and guiding parents and caregivers to enhance their understanding of child development and behavior; and
- establishing support groups to assist children, parents, and caregivers in anticipating and coping with the changes in their family life.

Social Work Practice in Informal Kinship Care

Informal kinship care arrangements are those privately established within a family to care for children due to the absence, inability, or incapacity of the parents. Informal caregiving is the most commonly used form of kinship care, and is fully satisfactory and normal for most children living with kin. Such informal arrangements provide family environments that can competently meet children's safety, nurturance, developmental, and permanency needs.

2.5 Recognition of and support for informal kinship care

The child welfare agency should recognize and encourage informal kinship care as an arrangement for supporting and strengthening families while protecting children and meeting their needs.

Families have always used kinship networks as informal support systems to sustain family stability and to deal with crises. The child welfare system should acknowledge and support these natural helping networks and offer services that support and sustain kinship families.

2.6 Child welfare contact with informal kinship families

In informal kinship care, child welfare services should be initiated only at the request of the kinship caregiver or when there is an indication that the kinship care arrangement is not meeting the child's needs.

2.7 Response to a request for services or referral of the family

When a kinship family contacts the child welfare agency or the family is referred to the appropriate agency, the agency should work with the family to determine the service needs and the service providers who can most appropriately respond to the family's needs.

Kinship families come to the attention of child welfare agencies in a number of ways. Families may seek assistance, or referrals may come from persons, institutions, organizations, and/or agencies that have a legitimate interest in the welfare, security, or treatment of the child and family and that have a recognized responsibility, mandate, or authority to make such referrals.

The child welfare agency should provide community agencies with appropriate information regarding the circumstances in which a referral should be made to the child welfare agency.

The child welfare agency and other community agencies should share in the responsibility of helping families iden-

tify their needs and strengths and in determining how they can best be served. Often, the family can be connected to needed resources and supports without any further contact with or involvement in the child welfare system.

When a kinship family contacts the child welfare agency or the family is referred to the agency, the agency should

- demonstrate concern about the child, parents, caregiver, and other family members, and the agency's readiness and competence to provide the help required;
- obtain pertinent information to determine what services are needed and how services can be provided;
- clearly explain to the caregiver, parents, child, and other family members what services and supports are available, how these services and supports are provided, and what requirements are needed to access these services and supports;
- discuss the caregiver's and parent's rights and responsibilities and the agency's responsibilities should services be provided;
- decide, with the caregiver, if formal child welfare services and supports are needed or if a referral to appropriate community resources will meet the kinship family's needs (needed services may include legal services related to custody of the child, financial assistance, medical services, and counseling regarding the caregiver's relationship with the parents, child, and significant others); and
- discuss with all family members the advantages and disadvantages of becoming involved in the formal child welfare system.

Social Work Practice in Formal Kinship Care

Living with kin should be the first arrangement considered for a child's care and protection when it is determined (1) that the child cannot remain safely with his or her own parents; (2) that the child must be in the legal custody of the

child welfare agency; and (3) that the child's needs can best be met in a family setting.

Formal kinship care is an essential child welfare service. Through formal kinship care, members of a child's tribe or clan, godparents, or other adults who are ascribed a family relationship (fictive) provide the child with full-time care and nurturing. When appropriately assessed, planned, and supported, kinship care provides family continuity and a sense of family connectedness for children in the custody of child welfare agencies.

2.8 Kinship care as the first option when children must live separately from their parents

When a child cannot remain safely in the home, the public child welfare agency should assess his or her family members, family friends, tribal community, clan, other tribal members, and neighbors to determine their willingness and ability to provide care and protection before seeking a nonrelative placement.

A child in need of separation from his or her parents should be in the least restrictive, most homelike environment possible, and as close to the child's own home as possible. Most often, family members, or, in the case of American Indian children, tribal or clan members, can identify potential living arrangements for the child.

2.9 Decision to use kinship care

The public child welfare agency should establish policies and procedures, in writing, regarding the circumstances in which a child protective services referral may result in the use of kinship care.

When a child protective services (CPS) investigation results in a determination that the child is in need of emergency removal from the home for reasons of child abuse, neglect, or abandonment, that decision should be based on the state's child protection statutes and/or state policies and requirements regulating the removal of children from their parents. The agency should establish policies and procedures that provide guidance to the social worker in exploring and assessing kinship resources for the child and in proceeding with a kinship arrangement, if available and suitable.

The CPS investigation may result in a determination that the report of child abuse, neglect, or abandonment is unfounded or unsubstantiated but that there is a need for child welfare services for the child because of other family concerns. In such instances, the agency's policies and procedures should direct the CPS staff to assist the family in locating a relative with whom the child can stay on a voluntary basis.

Assessment in Kinship Care

Family-centered assessment is a dynamic, continuous process with basic elements of practice generic to all situations. The family assessment starts at the point of intake, provides a framework to guide professional discussion, and is the foundation upon which a plan of service should be developed with children and their families. A comprehensive assessment requires the participation of parents, children (as age and developmentally appropriate), caregivers, and other significant persons in collaboration with the social worker. Both the initial and the comprehensive assessment are critical elements of social work practice with families providing formal kinship care.

2.10 General principles of assessment in formal kinship care

The assessment should explore the validity of the referral concern; determine the child's level of risk and safety; gather comprehensive information about the family's needs, strengths, and resources; and use the information gathered to develop appropriate goals, objectives, and interventions with the help of the family. When conducted within the context of kinship care, the family-centered assessment should also incorporate a recognition of the preestablished relationships unique to kinship care.

Family-centered assessments

- value a family's strengths and expertise;
- take into account the nature and quality of relationships;
- are inclusive rather than exclusive;
- are timely, thorough, and ongoing;

- focus on strengths and needs critical to family functioning;
- address risk factors and treatment needs;
- are racially, ethnically, and culturally competent; and
- address the willingness and ability of the prospective kinship caregiver to provide a safe, stable, nurturing home and to meet the child's developmental and safety needs.

2.11 Purpose of the initial assessment in formal kinship care

The purpose of the initial assessment is to determine the child's safety and whether kinship care services are appropriate for the family.

The initial assessment should focus on the safety, protection, and immediate health, educational, developmental, and emotional needs of the child and the willingness and ability of the kinship family to meet those needs. It should include information sufficient to provide a foundation for service planning and service delivery when it is determined that services are needed.

If the child is already living with the kinship caregiver, the initial assessment should be completed immediately.

2.12 The initial assessment process

The initial assessment process should be used to observe, recognize, and assess family dynamics that validate strengths and safety factors or contribute to the risk of maltreatment of children.

The kinship family, including parents and the child (if age and developmentally appropriate), should be part of the assessment process.

In the initial assessment process, the child welfare agency should strive to build a trusting relationship with the kinship family and should encourage them to identify their needs, strengths, challenges, possible solutions, and service priorities. The assessment should be respectful of all fam-

ily members, encourage families to actively identify areas of concern, and engage the family in working on the family situation.

The ability of the social worker to engage the family during this initial contact is critical and can affect the success of the delivery of services.

During the initial assessment process, the social worker should:

- establish and build trust and rapport with family members;
- create a safe environment that encourages families to actively participate in case planning and information sharing;
- establish a framework for family-centered practice by approaching the family in a collaborative manner;
- communicate the agency's interests and responsibilities for child safety and family preservation;
- gather demographic information regarding all individuals involved in the referral—the child, parents, potential caregiver, and any other family members who may be of assistance in planning for the child;
- encourage cooperation of all family members in giving detailed information regarding the referral and the plan to ensure the child's safety;
- utilize the information that prompted the report to the agency;
- determine the scope and circumstances of any maltreatment history to assess for further risk to the child or other family members;
- assess the seriousness of the child's current situation with regard to safety; and
- contact all identified persons who might have information regarding the family and their situation.

Face-to-face interviews should occur with the child, the parents, the potential caregiver, and other members of the family network who can be instrumental in developing a safety plan for the child.

2.13 Service planning based on the initial assessment

Using the initial assessment as a starting point, the child welfare agency should consider all relevant factors to determine (1) whether the child's safety can be assured in the parents' home and (2) if the child is maintained in the home, the services that the child and family will need.

Based on the initial assessment, the agency should:

- Identify and initiate interventions to keep the child safe and determine the potential caregiver's capacity to meet the child's safety needs.
- Prepare and present appropriate documentation and testimony in situations that may require court action.
- Discuss and develop with the parents, caregivers, and other pertinent family members initial thinking regarding the child's permanency needs and how they might best be met.
- Determine the physical, emotional, and mental abilities of the potential caregiver to meet the needs of the child.
- Understand the cultural factors that may influence a family's ability to share information, perception of the agency, parenting and child-rearing practices, and level of collaboration with the agency.
- Discuss and develop a plan for visiting with the parents, child, siblings, and caregiver, including both maternal and paternal family members, if the child is unable to remain with his or her parents.
- Prepare the kinship family for ongoing service intervention and possible transfer to another social worker when appropriate.

2.14 Participants in the comprehensive assessment

The child welfare agency should engage the parents, the child (as age and developmentally appropriate), and the kinship caregiver in a comprehensive family assessment.

The involvement of the parents, the child, and the kinship caregivers is crucial to the success of the overall assessment

and treatment process. Including all family members gives the family the ability to recognize the problems that exist, identify their own strengths and resources, and make decisions that can help them learn different ways to manage life situations.

2.15 Time frame for the comprehensive assessment

The child welfare agency should conduct a comprehensive assessment no later than 45 days from the child's entry into the formal child welfare system.

2.16 Parents' role in the comprehensive assessment

The agency should involve both of the child's parents in the comprehensive assessment, and should help them to address their strengths, needs, and commitment to parenting, as well as their ability to use services to assist them with the difficulties that led to their child's separation from their care.

In addition to working with the child's mother, the agency should attempt to locate, if necessary, and work with the child's father and paternal family members.

Including fathers as well as paternal and maternal family members in the assessment encourages positive changes that can impact all family members.

If a parent is incarcerated, the agency should include him or her in the decisionmaking regarding the child's life, whenever possible.

The assessment should explore with the parents the availability of relatives and others in the family environment, such as neighbors or religious organizations, who can be enlisted to support the parents in making needed changes.

As part of the comprehensive assessment, the agency should help the parents to explore their

- commitment to parenting the child;
- understanding of the difficulties that led to the child's being separated from their care;
- motivation to work on those difficulties and to accept services from the agency and others;

- needs in relation to parenting that should be resolved before parenting can be resumed;
- ability to acknowledge difficulties with alcohol or other substance abuse and to actively participate in treatment;
- ability to use available financial and other resources to adequately care for the child;
- ability to encourage contact among siblings, when appropriate;
- ability and willingness to work with the agency, the kinship caregiver, and the service team to support the child in care; and
- willingness to acknowledge the caregiver as the temporary parent-figure for the child.

2.17 Comprehensive assessment of the child

Children who have been separated from their parents should be assessed comprehensively at the time that the agency assumes their custody. To the extent possible, depending on their age, developmental status, and maturity, children should be actively engaged in the assessment process.

Children in kinship care experience many emotions when they are separated from their parents and siblings. They need help understanding the family crisis that has changed their family's living arrangement and the authority within the family.

Children who are able to contribute should be encouraged to be active participants in the assessment process.

The assessment should include, but not be limited to, the child's

- emotional and psychological needs and response to the separation from his/her parents and siblings;
- knowledge of the family situation;
- feelings about living with the kinship caregiver;
- medical, behavioral, and educational issues;
- strengths and peer relationships;

- independent living skills, if appropriate; and
- adjustment, progress, and ongoing service needs.

The assessment should evidence respect for the child's ties with the family—parents, siblings, caregiver, and other family members—and the community.

The assessment should identify service and treatment strategies to help the child develop appropriate competencies and skills, including the types of services needed and schedules for parental and sibling contact, if appropriate.

2.18 Comprehensive assessment with kinship caregivers

The child welfare agency should assess the willingness and ability of the prospective kinship caregiver to provide a safe, stable, nurturing environment for a child for whom the agency has assumed responsibility.

The assessment should be based on an understanding of the kinship family's culture and community, child-rearing approaches, and family dynamics, and should focus on the ability of the family to meet the immediate and ongoing needs of the child.

As part of the assessment, the agency should clearly define the roles and responsibilities of the kinship family and the social worker in supporting and strengthening the kinship care arrangement.

The assessment with the kinship caregiver should include:

- the nature and quality of the relationships among the child, parents, caregiver, and other relatives (the relationship may be the vehicle for change and is essential for constructive and collaborative family interventions);
- the safety of the kinship home and the ability of kin to provide a nurturing environment for the child;
- the ability and desire of the kinship caregiver to protect the child from further abuse or other maltreatment;
- the willingness of the kinship caregiver to accept the child into the home;

- the ability of the kinship caregiver to meet the child's developmental needs;
- the willingness and ability of the kinship caregiver to cooperate with the agency;
- the nature and quality of the relationship between the parent and the caregiver, including the parent's preference about the living arrangement with kin;
- any family dynamics in the kinship home related to the abuse or neglect of the child;
- when relevant, the possibility that family members will pressure the child to recant disclosures of abuse;
- the presence of alcohol or other drug involvement in the kinship home;
- the number of children already being cared for by kin and the status of other children in the home, including HIV status, prenatal exposure to alcohol and other drugs, and medical conditions;
- the health status of the kinship caregiver;
- the age of the kinship caregiver in light of the child's developmental and ongoing needs;
- the existing supports to which the kinship caregiver has access;
- the supportive services that are needed to sustain the kinship arrangement;
- how services are being used and what adjustments may be needed;
- the caregiver's ability to meet the child's needs on a long-term basis when kinship care is a permanency option; and
- family relationship patterns, including how they may be used in planning with the family to ensure child safety and well-being as well as to achieve permanency.

2.19 Strengthening agency assessment capabilities

The child welfare agency should employ trained personnel and use comprehensive, culturally competent assessment tools to

determine the ability of the kinship family to meet the needs of the child as well as its strengths and needs in relation to assuming responsibility for and care of the child.

To strengthen the agency's capacity to conduct quality assessments, the child welfare agency should

- train all kinship care staff to conduct comprehensive assessments of kinship families (training may include in-depth preparation of new staff and enrichment training for experienced staff, updated and offered periodically);
- assess potential kinship families not as isolated entities, but in relation to the child, the child's parents, the caregiver, and the family;
- assist the kinship caregiver in assessing his or her abilities and preferences regarding the number of children for whom he/she can appropriately provide care; and
- Continue the assessment throughout the service delivery process, not just the "intake and initial assessment phase." Ongoing assessment is critical in continuing to identify the family's strengths, detect unanticipated difficulties that may arise, and help families to recognize their positive attributes that can be directed toward resolution of the current problems.

Development and Implementation of the Service Plan

2.20 Goals of service planning and implementation

The child welfare agency should use service planning and implementation to fully engage kinship families, including parents, in planning for the child in kinship care.

The agency should use the service planning and implementation process to assist parents to

- plan for the return of their child to their care as soon as possible;
- accept services to support, strengthen, and maintain family functioning to the extent possible;

- acknowledge any anger and resentment over the caregiver's role with their child and in the referral to the child welfare agency;
- have regular contact with their child unless prohibited by the court;
- receive services to assist them in coping with and changing the situation that resulted in their child living with kin;
- be involved in important life decisions related to their child's health, religion, place of residence, marital status, education, and vocational choices;
- consider all options that may best meet their child's needs, including making a permanent plan with kin; and
- understand the need to notify the agency of any changes in their lives, such as change in address, employment, health status, or other circumstances that affect their participation in services or treatment for themselves or their child.

2.21 Purpose of the service plan

The service plan should document the agreed-upon action plan and should serve as an agreement that guides the social worker, parents, kinship caregiver, other family members, and other service providers as they work toward common goals.

2.22 Joint development and implementation of the service plan

The child welfare agency should develop and implement the service plan jointly with the parents, kinship caregiver, other family members, the child (as age and developmentally appropriate), and other service providers as needed.

The partnership of all individuals in the development and implementation of the service plan helps ensure that service interventions are relevant, well-coordinated, and integrated.

When parents are involved in developing and implement-

ing the service plan, they usually are more willing to participate in meeting the goals.

The child's input should be encouraged whenever appropriate, and the service plan should be discussed with the child, as age and developmentally appropriate.

2.23 Elements of the service plan

The service plan should be specific to the child's needs for safety and the family's strengths and needs; address permanency options for the child; address the role of kinship care for the family; prioritize goals and services to be provided; clarify services and time frames; and involve formal and informal community supports.

The service plan should

- be realistically related to the family situation that has been identified;
- address permanency options for the child;
- be based on the comprehensive assessment, including the family's resources and strengths;
- address whether the kinship arrangement should be sustained within the child welfare system or outside of the system with supports;
- clarify what must be achieved to keep the child safe and maintain family relationships;
- include what services will be used, what steps will be taken, who is responsible for each step, and the time frames for achieving the goals, objectives, and tasks;
- continue to include a focus on child safety while helping the kinship caregiver and parents gain confidence and capacity to care appropriately for and develop a permanency plan for the child;
- be behaviorally specific in identifying and measuring outcomes;
- be explained clearly by the social worker to other professionals who are working with the family; and
- incorporate both the formal and informal community supports available to the family.

2.24 Review of the service plan

The child welfare agency—with the parents, kinship caregiver, other family members, the child (as age and developmentally appropriate), and other service providers as needed—should periodically review and revise the service plan, allowing for changes in the situation and continuing to evaluate child safety and family strengths.

The agency should review the service plan on a periodic basis and document in writing:

- the child's health, safety, and well-being on an ongoing basis;
- contacts with the child and kinship caregiver;
- progress in addressing the needs of the child, parent, and kinship caregiver;
- progress in achieving the goals outlined in the service plan; and
- progress toward achieving the permanency plan for the child.

The service plan should be enhanced through continuing efforts to gather information from and about the kinship family. Additional family history may facilitate the permanency plan for the child.

Permanency Planning for Children in Kinship Care

A critical focus in service planning and delivery is the child's need for a permanent family. Permanency in child welfare is a concept that encompasses more than time. Permanency involves a sense of having a place to call home; a feeling of belonging and connectedness; and an identity linked to family, tradition, culture, and community. Permanency is a necessity for all children. Every child needs to have the assurance of physical and personal stability, and to have confidence in the regularity, relationships, and routine of daily family life. Permanency allows children to define themselves as belonging to a family, cared for by adults with whom they are bound by ties of family heritage and long-term caring relationships. A child can experience

the benefits of permanency in the home of relatives or others who make a commitment to care for the child until adulthood. Children in formal kinship care under the legal authority of the state have the same need for permanence as other children.

2.25 Involving parents in permanency planning

The agency should involve parents in developing a permanent plan for their child.

Parents' participation in the permanency planning process helps to

- assure that they understand their child's need for permanency and how conditions in the family placed the child at risk;
- engage them in decisions regarding the child's living arrangement;
- reduce the stress experienced by the children;
- engage them in the development and implementation of the reunification plan; and
- keep them involved with their child while he or she is in kinship care.

2.26 Involving kinship caregivers in permanency planning

Kinship caregivers should be included in deciding the permanency option that is in the best interest of the child and the family.

Kinship caregivers are key participants in permanency planning for children in kinship care. They should not be subjected to coercion or threatened with the removal of a child from their home if they do not accept a particular permanency option.

Kinship caregivers should be assured that services and supports will be available should they require assistance at a future time, regardless of the permanency outcome for the children in their care.

2.27 Involving other family members in permanency planning

When the parents are unwilling or unable to participate in developing permanency plans, the child welfare agency should encourage other family members who are important to the child and the caregiver to participate in the permanency planning process.

2.28 Reunification as the first permanency option for children in kinship care

Reunification should be the first permanency option explored for children in kinship care unless there are clear indications that the parent is unable or unwilling to participate in developing and implementing the service plan.

In making the determination regarding reunification as the permanency plan, the child welfare agency should assess the family issues that necessitated separation from the parents and the time that will be needed to reunite the family, considering the child's perception of time.

Reunification of children with their parents should occur when the parents have actively participated in specific services and made the changes necessary to provide a safe and permanent home for their child.

Because reunification should be the first option considered, formal placements with kin should be viewed initially as temporary care arrangements that provide safety and nurturance and that facilitate the normal development of the child.

2.29 Working with parents and kinship caregivers toward reunification

Comprehensive family reunification services should start with the family's initial contact with the child welfare agency; involve an assessment of the parent's readiness for the child's return; and include the gathering of information from a variety of sources, including the parent, the child, the kinship caregiver, and other family members who can assist in determining the parents' ability and readiness to resume care of the child.

Comprehensive reunification services should include

- the provision of resources to address the family's needs, affording every reasonable opportunity for the parents to rectify the concerns that led initially to the separation of the children from them;
- assessment of the parents' willingness and ability to resume the responsibility of parenting through their participation in planning for and actively maintaining contact with the child, and working collaboratively with the agency and the caregiver;
- preparation of the kinship caregiver for the child's reunification with the parents;
- development of a realistic plan with the parents for preventing or managing future situations that may bring their child once again to the attention of the child welfare agency;
- assessment of the parents' willingness to maintain and utilize the support and involvement of the kinship caregiver and other informal supports once the child returns home.

During the reunification process, parents may have difficulty accessing needed services because the services are not available, there are lengthy waiting lists, or they lack financial resources.

When there are delays in accessing appropriate services, the agency should assist parents through such services as support groups.

2.30 Permanency options other than reunification

When reunification with parents is not the permanency plan for children in kinship care, other options should be explored on a case-by-case basis.

Other outcomes that provide permanency that should be assessed include adoption by kin or nonrelatives, legal guardianship with kin, with or without subsidy, and other court-sanctioned long-term arrangements with kin.

- *Adoption* is the social, emotional, and legal process through which a child who will not be raised by his

or her birth parents becomes a full and permanent legal member of another family while maintaining genetic and psychological connections to his or her birth family.* Adoption may be "open," that is, the child's connection to both the birth family and the adoptive family is recognized through interaction among birth parents, adoptive parents, and the child (telephone calls, correspondence, or personal contact, depending upon the particular situation). In some cases, there may be cooperative adoption agreements that outline how the birth family, including siblings and kin, will interact with the child following adoption. Adoption may be subsidized, with public financial assistance provided to the family who adopts a child considered to have special needs.

- *Legal guardianship* involves a judicially created relationship between the child and the caregiver that is intended to be permanent and self-sustaining [*Federal Register* 2000]. In legal guardianship, parental rights are not terminated; there is, however, a transfer to the caregiver of certain parental rights and responsibilities with respect to the child, including protection, education, care and control of the child, custody of the child, and decisionmaking.
- In *subsidized guardianship*, the kinship caregiver assumes legal guardianship and receives a subsidy and medical assistance for the care of the child [U.S. Department of Health and Human Services 2000]. In subsidized guardianship, parental rights are not terminated and the child welfare agency remains minimally involved.

Emancipation (independent living) is not viewed as a permanency option but as a process that is applicable to youth and families across all permanency situations. All children and young people need assistance over time in becoming self-sufficient while maintaining and strengthening connections to family or other caring adults.

* See CWLA *Standards of Excellence for Adoption Services* (2000), section 1.1.

2.31 Concurrent planning with kinship families

When the prognosis for an early return home for a child in kinship care is doubtful, the child welfare agency should utilize concurrent permanency planning and should encourage the kinship caregiver to consider making a permanent commitment to caring for the child in the event that the parent is unable to make the changes necessary to permit reunification within a reasonable period of time.

Concurrent planning involves simultaneous work with parents toward reunification and the consideration of other permanency options should reunification not be successful. Concurrent planning with kinship families should include

- acknowledging the rights of the parent to receive services and/or participate in treatment while, at the same time, considering other potential permanent living arrangements for the child;
- clear communication to the parents of the legal consequences of failure to achieve service goals, including the possibility of termination of parental rights;
- counseling to parents on options they may consider, including voluntary relinquishment of parental rights as a responsible step that provides the child with permanency and a future family of his or her own;
- assessment of the parents' progress, with open and honest communication with the parents and the caregiver regarding the progress being made;
- involvement of kinship caregivers, as appropriate, as coaches and supporters for parents working toward reunification; and
- counseling with kinship caregivers regarding their willingness and ability to make a permanent commitment to caring for the child if reunification is not possible within a reasonable period of time.

2.32 The court's role in permanency planning with kinship families

The child welfare agency should inform the parents, kinship caregivers, and the child (if age and developmentally appropri-

ate), of court proceedings and should clarify the role of the court in permanency planning for the child.

The agency should communicate to the caregiver, parents, other family members, and the child, if age appropriate, the role of the court in developing and implementing the best plan for the child's safety and permanency. Information regarding all court proceedings should be shared with the caregiver, the parent, and the child (as age and developmentally appropriate). The agency should review the results of court proceedings with all involved individuals to ensure their understanding and to enlist their support in developing and implementing the case plan.

2.33 Strengthening permanency planning through multidisciplinary approaches

The child welfare agency should use multidisciplinary approaches that actively involve all individuals who can help support and build on the strengths of families involved in kinship care.

The agency and other community service providers, as needed, should

- develop written agreements on team decisionmaking with families who receive kinship care services or are referred to the community for services;
- train staff on working effectively from a multidisciplinary, cross systems perspective;
- work together to clearly articulate goals and develop the permanency plan with the family; and
- communicate on a regular basis to coordinate service delivery for kinship care families.

2.34 Engaging informal family support during and after termination of formal child welfare services

The child welfare agency should engage all available informal supports during and after the provision of formal child welfare services.

A holistic approach to supporting families during and after the formal involvement of the child welfare system should include extended family members, friends, tribal or clan members, neighbors, and community organizations.

Informal supports can assist in assessing family strengths and needs, can provide support with decisionmaking and permanency planning, and can support families through the change process. Informal supports should work together to assist the kinship family in establishing a positive long-term support system.

Approval/Licensing and Supervision of Kinship Homes

2.35 Approval/licensing of kinship homes

The child welfare agency should have an approval or licensing process for all kinship caregivers providing care of children in state custody. The same standards regarding child protection and safety required for unrelated foster parents should apply in the approval/licensing of kinship homes, with flexibility with regard to standards unrelated to child protection and safety.

Approval/licensing of all caregivers, including kinship caregivers, ensures a basic level of quality care for children in the custody of the state. Approval or licensing also is necessary to meet the requirements under Title IV-E for federal reimbursement for foster care maintenance payments for eligible children. Consequently, appropriate approval/licensing procedures play a vital protective and financing role for kinship care.

Child protection and safety standards should be uniformly applied in the case of unrelated foster parents and kinship caregivers. The agency should allow flexibility for kinship caregivers, however, with regard to standards that are unrelated to protection and safety.

The child welfare agency should design a family assessment and home study process for kinship caregivers that ensures the protection and safety of the child in kinship care and, at the same time, recognizes the strengths of the kinship caregivers.

2.36 Health and safety standards for kinship homes

Kinship homes should be inspected initially to ensure adherence to basic local and state housing code standards.

With regard to the evaluation of the physical safety of the kinship family home, the agency should utilize the housing quality standards set forth in the Section 8 program administered by the local housing authority or in local and state housing codes.

The initial inspection should verify that the kinship home meets basic health and safety standards, including having

- adequate heat, light, water, refrigeration, cooking, and toilet facilities;
- functional smoke detectors;
- no exposed wiring;
- no rodent or insect infestation;
- no broken windows, doors, or steps; and
- no holes in the walls or ceilings.

If health or safety hazards are present, the agency should immediately inform the potential kinship caregiver, verbally and in writing, that corrective action is needed within 30 days of the written notice.

If the initial inspection reveals severe health or safety hazards, the agency may assist the kinship caregiver in correcting the deficiencies to maintain the child with the family; temporarily remove the child from the home pending correction of the deficiencies; or, if the child's living arrangement with the kinship family was court-ordered, report the findings to the court with a recommendation regarding whether the child should remain in the home pending correction of the deficiencies.

2.37 Other standards for kinship homes

With regard to standards other than those related to health and safety, the child welfare agency should use a flexible approach that takes into account the child's and family's needs.

The assessment should consider attitudinal differences and the caregiver's age, educational background, cultural identity, and life experience.

When assessing the kinship home in relation to standards unrelated to health and safety, the agency should:

- be flexible regarding requirements related to the number of bedrooms, size and structure of the home, and amount of furniture, taking into account the developmental needs of the child for privacy and space;
- be flexible regarding requirements related to the age and health of the kinship caregiver, taking into account the age and special needs of the child;
- clearly communicate to the potential kinship caregiver the agency's policy regarding the use of corporal punishment; and
- offer services and supports to assist the kinship family in preparing the home to meet the child's needs.

2.38 Criminal record and child abuse/neglect background checks of kinship caregivers

The child welfare agency should require a complete check of criminal records and CPS records for kinship caregivers and all adult members 18 years old or older residing in or moving into the kinship household.

When it is determined that an adult has a criminal conviction or a substantiated report of child abuse and neglect, the recommendation to approve the home should be based on evidence that

- the individual has demonstrated that he or she is a responsible and mature adult;
- the nature and seriousness of the offense does not pose a possible risk to the child; and
- the offense involved a single incident rather than a pattern of conduct.

2.39 Monitoring and supervision of kinship homes

The child welfare agency should have ongoing contact, through the social worker visits, with children who are in state custody and living in kinship care homes.

The social worker should visit the home at least once a month and have other personal and telephone contacts as

needed to monitor the health, safety, and well-being of the child and to meet the service needs of the child, kinship caregivers, and parents.

Because protection and safety issues are best addressed with ongoing monitoring and supervision, the agency should require regular and frequent contacts with the child and kinship caregiver to address the health, safety, and well-being of the child as well as the service needs of the kinship family on an ongoing basis.

Regular contact enhances communication among the social worker, the kinship caregiver, the child, and both parents, and facilitates safety assessment and planning, permanency planning, and supportive family connections.

Kinship caregivers should be acknowledged as excellent resources for what they know about the children in their care and the services and supports needed to sustain themselves, the children, and their adult children.

2.40 Assessment of child abuse or neglect allegations

When a report of alleged abuse or neglect is received regarding a child in state custody living with kin, the agency should ensure a prompt assessment of the child's safety by the appropriate CPS unit to determine whether the child should remain in the kinship home or be removed.*

To accurately assess the safety and well-being of a child and engage a kinship family that is in need of services and support, a joint assessment by the child welfare agency's child protective unit and other appropriate community partners is preferable. In such cases, the child protection unit and other appropriate community agencies should

- determine who within the community may be appropriate to assist in a joint assessment;
- develop working agreements regarding joint assess-

* For standards regarding the assessment of the child's safety as well as the risk of abuse or neglect, see *CWLA Standards of Excellence for Services to Abused or Neglected Children and Their Families* (1999), sections 1.14–1.17.

ments that address who should be involved, how the initial contact will be made, who will take the lead role in the assessment, and the mechanisms that will be used to immediately ensure the safety of the child;

- develop common assessment and referral tools; and
- develop protocols for sharing information and maintaining confidentiality within the partnership and externally.

2.41 Providing services when child abuse or neglect has occurred and the child can safely remain in the kinship family

When a report of child abuse and neglect has been substantiated, but it is determined that the child can remain safely in the kinship home, the agency should provide services to support the family in providing the care that meets their child's needs and protects the child from further neglect or abuse.

When faced with issues related to child abuse or neglect, many kinship families will have multiple service and support needs that cannot be met by one agency or service provider. The child welfare agency and the appropriate community agencies should

- ensure that a full range of services for kinship families is available, including family support services;
- assist families in identifying informal supports that can assist with their needs (including, but not limited to, relatives, friends, support groups, the faith community, and employers);
- hold regular multidisciplinary team meetings, which should include representatives from families who are at risk of child abuse and neglect, to develop proactive approaches to meeting their service needs within the community; and
- communicate to the community the need for services and resources to support kinship care families in which child abuse and neglect has occurred and support community members in assisting families with their service needs.

2.43 Response when child abuse or neglect has occurred in a kinship family and there is a threat to the child's safety

When it is determined that a child is unsafe in the kinship family, the child welfare agency and appropriate community partners should assure that there are services and supports within the community to assure the child's safety.

The child welfare agency and the community have a shared responsibility to keep children safe and to provide services to kinship families where there is a threat of child abuse and neglect. The safety and protection of children should be a primary concern of the entire community. The child welfare agency and the community should

- develop and implement protocols and agreements on the joint assessment of the safety of the child and the provision of services needed to keep the child safe (these agreements should involve medical personnel, law enforcement, and the court with the authority to take protective custody of the child);
- provide for a full range of services for children who are unsafe or who are at risk of suffering future child abuse and neglect;
- maintain a full range of resources in the event that the child will have to be separated from the kinship family;
- develop protocols on the timely assessment of other kin and friends of the family who may be able to temporarily care for the child; and
- expedite a permanent legal status for the child, including the timely identification of a relative or unrelated individual if the child cannot return to the current kinship family.

2.44 Concluding a placement with and services to a kinship family

The child welfare agency and the kinship family should make the decision together to rescind state custody of the child.

Termination of services should be based on the positive changes that have occurred in the family and the outcome of a safe, permanent home for the child.

The child welfare agency should

- involve the kinship family in the decision to terminate services;
- notify all individuals who are working with the kinship family of the next court review and the agreed-upon decision to terminate services;
- provide a report to the court regarding the current status of the case, the agreed-upon permanency plan, and the recommendation to terminate services. If the parties cannot reach consensus regarding the termination of services, the social worker, caregiver, parent, and other persons involved with the family should approach the court with documented reasons for or against the termination of services; and
- provide written information to the kinship family about aftercare services with the agency and services with other community organizations if needed.

Supports and Services for Kinship Families

Goals

- I. To support kinship families in their efforts to provide a safe, stable, and nurturing environment for the children in their care.
- II. To achieve a permanent family for children in formal kinship care, including reunification with parents whenever possible.
- III. To provide a full range of services to kinship families, including children, parents, caregivers, and other family members.
- IV. To provide supports and services that are child centered, family focused, culturally responsive, user-friendly, and tailored to the needs of kinship families.
- V. To provide information and access to a range of resources that meet the needs of kinship families.

Children in informal and formal kinship care, and their parents and caregivers, typically need services. In informal kinship care arrangements, kinship caregivers may need help in obtaining temporary custody or guardianship to access necessary emergency medical care or prevent the sudden retrieval of the child by a parent who cannot safely care

for the child. Kinship caregivers also may need child day care, individual and family therapy, respite care, assistance in meeting the child's health care needs, and help in obtaining financial resources and services. Although informal kinship families are not part of the formal child welfare system, they may need preventive and other time-limited supports to promote safety and permanence for the children in their care.

Children in formal kinship care and their kinship caregivers have a need for services equal to that of their peers involved in nonrelative family foster care.

- Children in kinship care may need a variety services, including preventive health care (e.g., vision and hearing screenings), mental health evaluations, and counseling services.
- Kinship caregivers may need a range of services, including legal assistance, parenting support, housing assistance, health care, child care, respite care, counseling, support, and help with understanding and dealing with adult children who are involved in alcohol and other drug use.
- Parents need services related to the problems that led to the placement of their children with kin and in planning for reunification or another permanency option for their children.

Framework for the Provision of Supports and Services for Kinship Families

3.1 Shared responsibility in supporting and strengthening kinship families

The child welfare agency and the community should share responsibility for providing a full range of services and supports that address the factors that place families at risk of separation and the needs of kinship families.

The relationship between the child welfare agency and the community should be cooperative, complementary, and

based on a shared vision of meeting the needs of all children and their families. Child welfare agencies and communities, including tribal communities, should share the responsibility to support and strengthen families by

- developing an appropriate mechanism for serving families without the involvement of the formal child welfare system;
- through formal and informal contacts, encouraging kinship care families to seek services when they are experiencing difficulties;
- conducting community needs assessments to identify service and support needs;
- developing a full range of comprehensive services and supports that are accessible and that help keep families together;
- assuring that services and supports address cultural and ethnic issues;
- developing common assessment and referral tools; and
- advocating for services and supports that do not stigmatize families.

3.2 Guiding principles for supports and services to kinship care families

The development and delivery of supports and services to families in formal kinship care should be guided by principles of child safety, involvement of the kinship triad (child, parents, and kinship caregivers) in decisionmaking, family continuity, cultural competence, sensitivity to kinship issues, and service comprehensiveness.

The following principles should guide the development and delivery of supports and services to kinship families:

- The child's safety and developmental needs are paramount and must be met through a stable, nurturing environment supported by a range of services that address his or her physical, emotional, social, educational, and cultural needs.

- All members of the kinship triad should be supported. When the family is formally involved with the child welfare system, family members should participate in the decisionmaking process to establish a permanent family arrangement for the child.
- Family continuity is important in promoting a child's self-esteem, sense of heritage, and cultural connectedness. Services should recognize and build upon family relationships whenever possible.
- Cultural competence in kinship service design and delivery is essential. Kinship services must be developed in consultation with the child's and family's cultural community to ensure an understanding and appreciation of the culture of the children and families served.
- Service providers, including counselors, and mental health care, education, and health care practitioners, should have knowledge of kinship care issues.
- A wide range of services, ranging from preventive to rehabilitative services, should be offered.

3.3 Ensuring access to informal supports and services for kinship care families

The child welfare agency should ensure that services are available to assist kinship networks to draw upon informal supports within their own communities that can assist them in their parenting role.

Services for kinship families should assist members of the kinship network in identifying and accessing social services, financial assistance, and other types of assistance that they may need to effectively care for a child.

When contact is made with the agency by a caregiver who is caring for a child outside of the formal child welfare system, the agency should encourage the caregiver to use such informal supports as the faith community, community groups, and recreational programs, and to participate in courses in the community and any other settings that offer information about child rearing, behavior difficulties, edu-

cation, mental health, separation and loss, and other concerns that may affect the parenting of the child in their care. Caregivers providing informal kinship care should be encouraged to participate in programs and support groups that can help them deal with the changes they experience as they assume a new parenting role.

3.4 Supporting and strengthening kinship care families

The child welfare agency should establish policies and procedures and engage in practices that reflect a strong commitment to strengthening and supporting kinship families in their efforts to provide a safe and nurturing environment for the children in their care and to achieve a permanent legal living arrangement for the child.

Services can assist families to recognize their strengths and competencies and develop new skills, enabling families to make decisions and solve problems without the assistance of the child welfare agency. Services and supports should strengthen the family's capacity to effectively negotiate and deal with the health care, education, and other systems with which they must interact, thereby lessening their need to rely on the child welfare agency for formal assistance.

3.5 Adapting services to meet the individual needs of kinship care families

The child welfare agency should adapt services to meet the needs of individual kinship care families. Services should be inclusive, addressing the entire family unit, including extended family and clan members of American Indian children, and should assist and support family and clan members in their various roles.

Because the service needs of parents vary in nature, scope, and intensity, the child welfare agency should offer or arrange for a variety of service options.

Some parents, for example, will need intensive, inpatient services for substance abuse, while others will benefit from outpatient peer support groups.

Similarly, kinship caregivers' needs vary and change over time. For some caregivers, a peer support group or assistance with child care will be all that is needed. Others will require more intensive help in caring for a child with significant developmental delays.

3.6 The importance of informal and nontraditional supports and services for kinship families

The child welfare agency should identify informal supports and services for kinship families as alternatives to the formal services that the agency provides.

Traditionally, child welfare agencies have relied on formal services as the primary means of addressing the needs of parents, children in care, and their kinship caregivers. Family, clan members, members of other tribal communities, friends, neighborhood businesses, civic and housing groups, the faith community and other community members can provide significant support to kinship families. These informal and nontraditional sources of support should be regularly explored with members of the kinship network to meet the needs of the kinship family.

Community organizations, for example, should be approached regarding providing space and resources to educate the community on the family, educational, legal and mental health issues that kinship families face when they are raising their relatives' children.

Services to Parents Whose Children Are in Formal Kinship Care

Parents whose children are cared for by kin need a range of supports and services. Parents of children living in kinship care need assistance in enhancing their parenting skills; dealing with feelings of loss, anger, and separation; and achieving the goals set forth in the service plan.

Clinical issues also may be present, particularly when children remain in the home. Parents may feel that they have lost the respect and trust of the children who remain with them. Children may be disapproving of the parent for al-

lowing their siblings to leave the home and may fear that they also may have to leave. Parents may face the distrust of children who remain in the home as well as the child who is living with kin, and they may find it difficult to reconnect with their children. These and other clinical issues may affect the parents' confidence in themselves as parents and as worthwhile adults; such issues must be addressed before children can be reunified with their parents.

3.7 Providing supports and services to parents

The child welfare agency should provide or assist the parents in obtaining the supports and services needed to resume parenting or to make another permanent plan for their child.

Supports and services for parents should be based on an assessment of the parents' strengths and needs and on knowledge of the parents' interest in rearing the child or supporting another permanent family arrangement for the child.

Supports and services should be provided in accordance with the service plan developed jointly with the parents.

3.8 Characteristics of supports and services for parents

Supports and services for parents should be proactive, preventive, and rehabilitative, and should take into account the dynamics of kinship care that may impact the parents' ability to make a decision regarding permanency for the child.

Supports and services for parents should

- identify and build on the parents' strengths and capacities;
- help parents fully participate in planning for the child, including developing the permanency plan for the child;
- actively involve parents in the decisionmaking process;
- include fathers, maternal and paternal family members, and clan members in the decisionmaking process and in planning for the child and family;

- help parents understand the urgency of achieving a permanent family arrangement for the child because of the child's developmental needs;
- include individual and family counseling and support for parents;
- include substance abuse treatment services when needed;
- incorporate plans for the transfer of parental responsibility to the kinship caregiver; and
- help the parent identify and resolve any areas of conflict that may exist with the kinship caregiver.

3.9 Types of services for parents

The child welfare agency should provide services or assist parents to obtain services that meet their individualized needs.

Services to parents may include

- substance abuse treatment services;
- housing assistance (both emergency and long term);
- emergency shelter to provide safety from domestic violence;
- income assistance;
- budgeting;
- employment and job training;
- health care;
- individual and family counseling;
- parenting education;
- day care; and
- respite care.

Services for Children in Formal Kinship Care

All children need protection and nurturing that promotes their growth and development. Positive family and cultural relationships, including kinship ties, promote a child's sense of belonging and feelings of being loved, wanted, worthwhile, capable, and responsible.

3.10 Service needs of children in formal kinship care

The child welfare agency should recognize that children in kinship care need comprehensive and responsive services to meet their physical, mental, and emotional health needs and to maximize their personal, social, and educational development.

Services to meet the health, emotional, and developmental needs of children in kinship care are essential. Children in kinship care may experience feelings of loss and confusion because of changing family relationships.

- When children enter kinship care, relationships can change dramatically, affecting how children feel about themselves, siblings, parents and caregivers. There may be a sense of loss of normalcy, even if the situation in the home was chaotic.
- The child's relationship with the kinship caregiver also may change, particularly if the caregiver is a grandparent who assumes the role of a parental figure. Children may be no longer certain of their place in the family, their role, and boundaries.
- Children in kinship care may feel inferior to children, relatives, and siblings who are not in care and may feel guilt and responsibility for the separation from their parents.
- Because of their sense of loyalty to their parents, children may not be able to hold their parents responsible for the problems that led to their living with kin.

These difficulties highlight the need for a range of counseling services and other supports and services for children in kinship care.

3.11 Providing supports and services to children in formal kinship care

The child welfare agency should involve the entire kinship family in identifying the needs and strengths of children in kinship care and assist the kinship caregiver in obtaining the services needed to provide the child with nurturing care and in meeting the child's ongoing physical, developmental, emotional, and spiritual needs. Services for children should be provided

based on a full assessment and as outlined in the service plan developed with the child's parent, the kinship caregiver, and the child (as age and developmentally appropriate). Services for children should be provided in a timely way.

Children who are separated from their parents are vulnerable to stress.

Because of changes in family relationships, there may be additional stresses for the children when they enter kinship care.

At the same time, kinship caregivers may lack the personal resources they need to provide the consistent nurturance, structure, and stimulation for the children in their care.

As a result, children in kinship care should be comprehensively assessed to determine the range of services they need.

When reunification is the plan, services for children should help them with the transitions and the confusion of moving, both physically and psychologically, from one parent figure to another.

When reunification is not the plan and the parents are not actively involved with the child, services such as counseling, peer groups, and other supports should be provided.

3.12 Types of services for children in formal kinship care

The child welfare agency should provide a range of health care, counseling, educational, recreational, and support services for children in formal kinship care.

Services for children in kinship care may include

- individual and family counseling;
- behavior management;
- educational assessment, planning, and assistance;
- recreation;
- peer support groups;
- cultural support (as defined by the child's cultural community); and
- health care.

Services for Kinship Caregivers in Formal Kinship Care

3.13 Involving kinship caregivers in assessment

The child welfare agency should assess, with the kinship caregivers, their ability and willingness to care for the child, and should develop a service plan based on the joint assessment.

When kinship caregivers receive the services they need, caregiver and family functioning are supported, and children are more likely to receive quality care, protection, and permanency.

Promoting the strengths and resources of the kinship caregiver and the extended family helps to build the "natural support systems" that exist within families.

Supporting families in identifying their needs and in making decisions for themselves strengthens their sense of capability and competence.

3.14 Kinship caregivers as partners

The child welfare agency should consider kinship caregivers as essential partners in assessment, service planning, and implementation of the service plan and should engage them in determining the supports and services that they need. When the child is an American Indian, the child's tribal community should be an active participant in the assessment and service planning process.

In kinship care, family relationships already exist, and supports and services should be provided in a family-centered manner. Although kinship caregivers may become part of the formal child welfare system, they are, first and foremost, family members caring for family and are not "providers" of a service.

Kinship caregivers function as a secondary support in caring for a family member's child when the family member is unable to do so. At the same time, some children are already living with a kinship caregiver when the formal child welfare agency becomes involved; consequently, the kinship living arrangement is not a "placement."

Even when the child was not in the kin's home prior to the formal involvement of the child welfare agency, the child and the kinship caregiver may not view the family living arrangement as a "placement."

Because of the role of kinship caregivers within the family, their involvement is crucial to successful assessment, service planning, and implementation of the service plan.

When the child is an American Indian, the tribal community is an essential participant and should be included in all stages of assessment and planning.

The agency, in providing supports and services to kinship caregivers, should

- include kinship caregivers as partners in every step of the service delivery process;
- assess and respond to the strengths and needs of the kinship family in planning and maintaining the kinship care arrangement;
- assist the kinship caregiver in addressing the impact of the previous maltreatment of the children in their care;
- assist the kinship caregiver in addressing alcohol and other drug issues that may affect the children in their care and may influence the ability of the parents to carry out their parental responsibilities;
- work collaboratively with kinship caregivers to prevent or avert crises by mobilizing needed intensive services such as mental health evaluations and treatment, substance abuse treatment, health care, hospitalization, and respite care;
- support kinship families in identifying and using self-help resources and support groups;
- assist in the development and provision of educational resources for kinship caregivers, such as workshops, seminars, and discussion groups that can be used as an opportunity for caregivers to learn how to address common child and family situations they may encounter; and
- support kinship families in identifying culturally relevant resources.

3.15 Helping kinship caregivers with the stresses of caregiving

The child welfare agency should assist kinship caregivers with the stresses of caregiving by identifying formal and informal sources of support and resources that can strengthen their parenting and child management skills.

When kin assume the parenting role, it is usually unplanned.

Kin come forward to care for children because of love, the strength of family ties, a sense of obligation to care for their own, a refusal to allow children to live with people they do not know, or an assurance they have given to the parents. Caring for children, however, may place emotional and financial stress on kin as they take on the full-time parenting role.

At the same time, the relationship between kin and the child's parents may be complex.

Kin may feel responsible for helping the child's parents with personal problems and troubles, emotionally burdened with the responsibility of "holding it all together" for both the parents and the child, guilty because of the child's maltreatment by other family members, doubtful about the quality of their own parenting, or frustrated with their adult children and unwilling to continue any involvement between the child and the child's parents.

The caregiving role, as a result, is likely to be stressful for kin. The agency should encourage caregivers to participate in social activities, attend support groups, take advantage of educational opportunities, and seek assistance from other family, clan, or tribal members.

3.16 Addressing the multiple roles of kinship caregivers

The child welfare agency should provide supports and services that assist kinship caregivers in understanding and coping with the multiple roles inherent in kinship care.

Kin caregivers have multiple roles, including that of caregiver, grandparent, aunt or uncle, and parent.

Caregivers do not give up one role when they accept another and may feel stress from multiple demands.

The child also must cope with the caregiver's multiple roles, as, for example, when a grandparent assumes full parental responsibility for the child's care. The child may have difficulty coping with these changes.

Finally, the caregiver may feel loss and guilt regarding the decision to place the needs of the child ahead of the needs of the child's parent, who may be the caregiver's own child.

The agency should be aware of the many levels of stress associated with the caregivers' multiple roles and provide services to address these issues. The agency should offer a range of services to support caregivers in their multiple roles, including family therapy, support groups (child and adult), legal advocacy, and case management.

3.17 Addressing the concrete service needs of kinship caregivers

The child welfare agency should anticipate and respond to the concrete needs of kinship caregivers. The agency should assist caregivers in obtaining needed supports and services and in advocating for themselves.

Many kinship caregivers have limited incomes, live in inadequate housing, and lack access to legal assistance.

The agency should refer kinship families to community organizations that offer free or low-cost assistance or to the local department of social services, which may provide family services or emergency services through the Temporary Assistance to Needy Families (TANF) program.

The access of kinship families to essential supports and services is critical to supporting kinship families in providing appropriately for the children in their care.

3.18 Supports and services for kinship caregivers

The child welfare agency should offer an array of services to meet the individualized needs of kinship caregivers.

Services for kinship caregivers may include

- support groups;

- support from the tribal community, if the child and family are American Indian;
- health care coverage for the children in their care;
- cultural support;
- child day care;
- respite care;
- transportation assistance;
- housing assistance;
- legal assistance;
- counseling;
- guidance; and
- help with stress management.

Financial Support for Children in Informal and Formal Kinship Care

Children in informal kinship care need financial support. In some states, the only available form of public support for kinship families is TANF. If a child is not eligible for TANF, no public support may be available, and kinship families must rely entirely on their own financial resources to meet the needs of children in their care.

Children in the legal custody of public child welfare agencies also need financial support. The policies regarding financial assistance for families in formal kinship care, however, vary significantly. Federal funds and matching state funds are used to support the care of children eligible under Title IV-E (the foster care maintenance program) who are cared for by kin. In most states, however, financial support in the form of foster care maintenance payments is provided for children only when the kinship caregiver is approved or licensed as a foster parent. Some states have attempted to develop innovative funding programs for kinship families, including subsidy payments and medical assistance for children for whom the kinship caregiver has obtained guardianship.

3.19 Providing kinship families with information on financial support

The child welfare agency should provide families in formal and informal kinship care with information on the benefits for which they may be eligible under federally and state-supported programs such as TANF, Medicaid, Supplemental Security Income (SSI), and child support, as well as other federal and state income support and financial programs.

The agency should develop informational literature that describes the financial benefits provided by government programs.

The agency should make this information broadly available by attending community meetings and public forums, and by including the information in orientation materials for new caregivers.

3.20 Providing financial support to families in formal kinship care

The child welfare agency should ensure that families in formal kinship care who request financial support receive assistance.

The child welfare agency should:

- implement policies and procedures that establish a uniform level of financial support for all children in the legal custody of the public agency;
- develop clear information on the financial support that is available to children in formal kinship care;
- clearly define the rights and responsibilities of kinship caregivers upon approval or licensing of their homes, including access to financial support for the children for whom they are caring;
- develop and implement procedures to ensure that children in kinship care receive Medicaid, SSI, child support payments, and other benefits for which they are eligible; and
- provide assistance and support to kinship caregivers in applying for benefits for their kin children.

4

Organization and Administration of Kinship Care Services*

Goals

- I. The policy, procedures, and practices of the agency ensure that quality services are provided to kinship families, including children, parents, and caregivers.
- II. The agency develops, maintains and updates policies, procedures and outcomes that direct the social work process with kinship families and are readily available to staff and the community.
- III. Agency staff have the resources, training, education, competencies, commitment, workload, and administrative support needed to help kinship families and the agency achieve desired outcomes.
- IV. The agency hires and retains competent, qualified,

* CWLA's *Standards of Excellence for the Management and Governance of Child Welfare Organizations* (1996) presents the management and governance components of child welfare practice that apply across the field. It serves as the primary source on organization and management for all CWLA program standards. This chapter integrates and expands upon the content of the *CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations* to highlight aspects of organization and management that are particularly germane to delivering quality kinship care services.

culturally diverse staff to administer, manage, and deliver kinship services.

- V. The agency maintains an information management system that captures information important to kinship care service delivery, including tracking data on children and families, program evaluation, and fiscal management.
- VI. The agency uses information to evaluate kinship care programs, improve service delivery, and advocate for sufficient staff and fiscal support.

Organizational Framework for Delivering Kinship Care Services

The child welfare agency's organizational framework, including governance and administrative structures and functions, is essential to effective delivery of kinship care services. The agency, in collaboration with community providers, tribal communities and organizations, and others, should develop a vision and the administrative flexibility to support partnerships with the community. Through collaboration and mutual decisionmaking, child welfare-community partnerships can meet the needs of children related to safety, permanency, stability, and well-being, as well as the needs of families.

4.1 The legal and policy environment for kinship care services

The child welfare agency should be fully knowledgeable regarding state laws that affect the agency's ability to effectively serve kinship children and families within the context of community partnerships. The agency should work with state leaders to ensure that the needs of children, parents, and kinship caregivers are met.

4.2 Governance structure for child welfare and kinship care services

The child welfare agency (whether public, private, or tribal) should develop and maintain a governance structure that is

committed to the safety and well-being of children and the principles of kinship care and that supports agency staff and the children and families served by the agency.

4.3 Components of the organizational framework for effective kinship care services

The child welfare agency should have an administrative structure that provides the organizational framework for delivering quality services to meet the needs of children in kinship care and their families and promote desired outcomes.

The agency should have

- a clearly defined mission and purpose that is made known to the community;
- established written policies and procedures that support the agency's mission and purpose;
- clearly defined roles and responsibilities for staff;
- criteria for conducting and assigning work and monitoring staff performance; and
- financial, staffing, and training resources sufficient to meet the desired outcomes.

4.4 Articulating the mission and purpose of the agency

The child welfare agency should articulate, in writing, the mission and purpose of the agency in general and regarding kinship care services in particular.

The agency should involve staff and members of ethnic and cultural communities in the initial development and subsequent revisions of the mission statement.

The agency's mission statement should

- define clearly and concisely the mission and purpose of the agency and its kinship care program;
- reflect the agency's belief in the importance of healthy children, families, and communities;
- incorporate the concepts of child safety, permanency, and well-being, as these are the primary purposes of kinship care;

- be shared with staff, community partners, and the public; and
- Be periodically reviewed and refined, as necessary, to accurately reflect current challenges and expectations.

4.5 Developing and maintaining policies and procedures

The child welfare agency should develop and maintain policies and procedures that address the agency's kinship care services, including the services' philosophy, purpose, practice expectations, and organizational structure.

The policies and procedures should be developed in consultation with and be made available to agency staff and community partners.

The policies and procedures of the agency should

- be developed through a strategic, planned process within the overall mission and goals of the agency;
- allow for input by agency staff and community partners;
- be informed by an understanding of what is culturally relevant for diverse racial and cultural groups in the community;
- reflect best social work practice;
- be based on desired outcomes for families and children;
- provide staff with a clear statement of their roles and responsibilities;
- operationalize the legal and regulatory requirements, while still recognizing the need for professional judgment and flexibility when working with individual children and families;
- reflect the realities of the resources available to the agency and the community;
- be provided to each staff member through the development of a manual and other written communication processes and made available to all community partners; and

- Be written in a consistent format and be regularly reviewed and updated based on new research findings, good practice considerations, legislative action, and program changes.

4.6 Defining roles and responsibilities in the delivery of kinship care services

The child welfare agency should define, in writing, the roles and responsibilities of agency staff and of contracted and volunteer community partners in delivering kinship care services and monitoring those services.

Kinship care services may be provided by agency staff and/or community partners on a contract or volunteer basis.

When a child is in the legal custody of the agency, the roles and responsibilities of the agency and the kinship family should be formally defined.

When the child welfare agency provides services directly to families, it should take the lead role in service delivery and should define the roles and responsibilities of agency staff based on the needs of the families served and the availability of other supports within the community.

When the child welfare agency refers a family to a community partner, the agency should monitor the services that are provided and be available for follow-up services.

In all cases, services should be provided by competent staff who have knowledge of kinship care issues and who use a family-centered service approach.

Supports and services also should be provided to informal kinship families, with the goal of preventing the need for services from the formal child welfare system. The child welfare agency should support community organizations in taking a facilitative role when families contact those organizations, based on the needs of the family and the availability of resources.

In establishing the roles and responsibilities of agency staff and community partners, the agency should consider

- the qualifications and competencies of staff who are available to deliver the service;
- the relationship of the individual or agency to the family or child;
- the culture and ethnicity of the child and family;
- timeliness in delivering the service to the child and family;
- Supervision requirements, based on who has the responsibility for frontline staff, unless there is a formal agreement for supervision by another agency; and
- If several individuals will deliver services, who should be designated as case manager.

4.7 Defining and measuring outcomes in kinship care

The child welfare agency should define desired child, family, and system outcomes in kinship care and measure progress toward achieving those outcomes.

The agency should focus on outcomes to document success in meeting kinship care program goals and demonstrate accountability to both the families the agency serves and the community.

Kinship care outcomes should include child safety, permanency, and well-being. All outcomes should be performance-based and measurable through key indicators.

In defining outcomes and measuring kinship care outcomes, the agency should

- assure that the outcomes reflect the mission and goals of the agency's kinship services;
- involve staff, family members, caregivers, and community partners in identifying short- and long-term outcomes that are desirable for children, families, and the system in kinship care and the indicators for measuring each outcome;
- involve the family in the identification of outcomes for their own child and family;
- identify and implement programs, processes, and op-

erations that will promote the agency's capacity to meet the defined outcomes; and

- assure that data, family records (including caregiver information), and other sources of information provide the agency with sufficient information to measure outcomes.

4.8 Kinship care manual

The child welfare agency should develop a kinship care manual that outlines the agency's legal responsibilities, policies and procedures, best practice expectations, and supervisory responsibilities in kinship care; describes available kinship care services; and provides other information regarding kinship care.

The kinship care manual should

- describe good casework practice and decisionmaking in kinship care and emphasize the importance of consistent practice;
- be organized according to the stages of casework process;
- include supervisory expectations;
- describe the roles and responsibilities of other partners in the community and emphasize team decisionmaking;
- include all tools and forms used by staff and families in the provision of kinship care services;
- be updated in a timely way;
- be integrated into the information systems developed by the agency so that the manual and any revisions can be distributed to staff;
- allow for easy removal of portions to share with families, children, and community partners; and
- be consistent with other manuals developed by the agency.

The agency should make the manual available to both staff and community agency partners.

Staffing Kinship Care Services

Quality staffing of kinship care services is critical to serving kinship families effectively. The child welfare agency should hire staff who can identify and build on the strengths of individuals, children, and families, including extended families and clans. Staff should be culturally diverse, consistent with the cultural and ethnic composition of the community. Staff should be trained, skilled, and knowledgeable in their job responsibilities and in their work with the community.

4.9 Comprehensive plan for recruitment and selection of staff for kinship care services

The child welfare agency should develop a comprehensive plan for the recruitment and selection of staff. The plan should be designed to ensure that a competent and culturally diverse work force delivers kinship care services.

In developing a comprehensive plan for recruitment and staff selection, the agency should recognize that all staff involved in providing kinship care services should have certain qualities and skills essential to providing those services, including the ability to enhance and promote individual and family capabilities so that family functioning is strengthened and supported. Staff should also have strong collaborative and facilitative skills to incorporate a community-based approach to supporting and empowering families.

4.10 Recruitment of kinship care staff

The agency should recruit a competent and culturally diverse staff to provide kinship care services.

The agency's comprehensive recruitment plan should include the use of current personnel in recruiting additional staff; the active engagement of the community in identifying and attracting competent employees; and the targeting of colleges and universities because the majority of staff should be social workers.

Recruitment activities should be conducted on an ongoing basis and should be based on projected staff needs, workload considerations, the anticipated personnel budget, and estimated turnover rate.

4.11 Selection of kinship care staff

The child welfare agency should have in place a structured personnel selection process to ensure that kinship care staff have the requisite educational background, skills, knowledge, abilities and personal commitment.

In selecting staff for the kinship care program, the agency should

- develop job descriptions that explain the essential functions of the positions and the competencies needed to perform those functions;
- involve the candidate's immediate supervisor as well as others, preferably prospective coworkers, in the interview and selection process;
- verify information provided during the interview process, including education, prior employment and experience, and criminal and child abuse history; and
- assess the personal characteristics of candidates, including their ability to work in a multidisciplinary setting with families, peers, and the community.

The agency should assure that the selection process is consistent and provides for a fair assessment of each candidate's competencies.

When required (as is the case in many public agencies), state or local personnel rules and regulations should be followed in the selection of staff.

4.12 Professional qualifications, competencies, responsibilities, and qualities of administrators of kinship care programs

Administrators of kinship care services who have social work supervision responsibilities should have at least a master's degree in social work and demonstrated competence, knowledge,

training, and experience in administration and in working successfully with culturally diverse populations, including the American Indian community.

The appointment of an administrator is a critical decision, as it is that person who will carry out the mission of kinship care services and challenge staff to do their best to help children and families. Thus, the administrator in kinship care services should

- have a strong conviction about the importance of the goals of kinship care services and be able to provide leadership to staff, the governing body, and the community in accomplishing those goals;
- provide leadership in the planning, development, implementation, and evaluation of policies and programs, and assure the delivery of quality services;
- hire competent, caring staff who will carry out the mission and goals of the agency;
- model for staff a strengths-based approach to working with people;
- ensure that the organizational structure is conducive to open communication and a healthy work environment;
- ensure that the goals and services of the agency are culturally responsive, consumer driven, and address the needs of the families and communities;
- advocate, as appropriate, for additional funding and resources for families who need kinship care services;
- ensure that the agency is fiscally responsible;
- interpret the agency's mission and goals to the community and families served, including ethnic or cultural communities within the context of the larger community;
- ensure that there is a strong community-based approach to the provision of kinship care services; and
- communicate with other kinship care services staff and administrators outside the jurisdiction to ensure that the program continues to be based on sound practice and research.

4.13 Professional qualifications, competencies, responsibilities, and qualities of supervisors in kinship care programs

Supervisors in kinship care services should have a master's degree in social work and the training, skills, and personal qualities to provide strong leadership to staff.

The agency's mission and goals should be reflected through its supervisory structure. A supervisor in kinship care services should have strong skills in

- working effectively with families, peers in multidisciplinary settings, and the community;
- providing kinship care services using family-centered, strengths-based casework methods and practice;
- providing case consultation and guidance to workers in decisionmaking;
- teaching new skills and clearly conveying information to the social worker;
- planning for and facilitating the social worker's professional growth and development;
- serving as a model and leader for staff and the various communities served;
- team building, family group decisionmaking, mediation, and complaint resolution;
- managing personnel, including the selection, retention, and performance review of staff (when new supervisors do not have experience in these areas, the agency should provide them with training and the opportunity to work with a mentor);
- understanding, appreciating, and valuing cultural differences that affect how various ethnic and cultural communities, including tribal communities, make decisions regarding the welfare of their children;
- communicating effectively with social workers and administrators regarding the respective needs and requirements of the agency, social workers, families, and children;
- assisting social workers to be culturally responsive;

- working with agency administration and the community to develop resources to enhance staff practices and agency services; and
- working with the community to identify families and children needing services and to coordinate those services.

4.14 Professional qualifications, competencies, responsibilities, and qualities of social workers in kinship care programs

Social workers providing kinship care services should have, at minimum, a bachelor's degree in social work or a closely related field, such as counseling, psychology, or sociology, and possess the personal qualities and capacities required to work successfully with families who are experiencing life crises and whose children may need to live in a kinship care arrangement.

Social workers in kinship care services should possess, at minimum, the following values and knowledge:

- a commitment to, interest in, and confidence in carrying out the mission and goals of kinship care services;
- a respect for each individual's racial, ethnic, cultural, and religious background;
- an awareness of their own feelings and attitudes regarding kinship care families;
- a belief that every child has a right to a permanent home with their family whenever possible;
- an understanding of the process of individual growth and development, especially child development;
- an understanding of the dynamics of child abuse and neglect and the familial and societal factors that place children at risk (especially poverty, family violence, substance abuse, and isolation) and that may cause children to be separated from their parents;
- an understanding of the procedures, practices, and historical development of the legal system related to child welfare practice;
- an understanding of the essentials of family-centered practice;

- a commitment to continue to develop the special skills needed for providing kinship care services;
- an understanding of the full range of services and how they can support kinship families and help keep children safe;
- an interest in continuing their professional education beyond a bachelor's degree; and
- an understanding of the use of political and funding advocacy to acquire services for families.

Social workers in kinship care services should also possess, at a minimum, the following skills:

- the ability to objectively assess families and children, identify strengths and needs, make sound decisions based on the information gathered, and engage families in meeting a child's immediate and long-term needs for safety and well-being;
- the ability to use family-centered practice in a culturally sensitive manner;
- the ability to use a strengths-based approach with families;
- the ability to assess the safety factors within a family and to take decisive action when a child needs protection;
- the ability to develop, with the family, a case plan and work with the family to accomplish that plan;
- the ability and commitment to work collaboratively with peers, agency administrators, courts, and community partners in supporting children and families;
- the ability to use authority constructively to protect children and support families;
- the ability to work under stress and respond to crises that occur in a variety of settings;
- the ability to prioritize and manage multiple, sometimes competing, responsibilities;
- the ability to communicate (both orally and in writing) with the family and the community;
- the ability, when necessary, to separate personal beliefs from professional work with families and the community;

- the ability to seek and use consultation and supervision, as needed; and
- the ability to model good practice, sound decisionmaking, family engagement, and cultural sensitivity for peers.

4.15 Qualifications, competencies, and qualities of paraprofessionals and support staff in kinship care programs

Paraprofessional and support staff should have the education, knowledge, skills, competencies, license or certification, and experience required to perform the job assigned by the kinship care program.

When seeking support staff (such as clerical staff and administrative support staff and data system personnel) and paraprofessionals, the agency should seek to employ individuals who are committed to the mission and goals of the kinship care program.

The agency should strive to attract the most qualified and competent staff.

All staff will have contact with families and the community and should demonstrate the ability to communicate appropriately with both.

In recruiting support staff and paraprofessionals, the agency should consider competent social work students, individuals from the community, and individuals identified through job training programs operated by the state or local public assistance agency.

4.16 Cultural diversity and cultural competence of kinship care staff

The child welfare agency should be committed to establishing and maintaining a culturally diverse work force and becoming a culturally competent organization. The agency should ensure that staff members at every level, as well as members of governing or advisory boards, are representative of the populations being served.

Child welfare agencies serve families who are racially and culturally diverse, and they should reflect that diversity. When recruiting and selecting staff, the agency should strive to develop and retain staff who are culturally diverse and sensitive to the expressed needs of the populations served. To recruit staff members who represent diverse racial and cultural groups, the agency should

- make a conscious commitment to recruit and hire staff members from those groups served by the community;
- develop a positive relationship with the communities served;
- ask community members for specific assistance in recruitment;
- develop relationships with schools of social work, encouraging students who come from the community to use the agency as a field placement site;
- consider bilingual and bicultural competency, in addition to formal training and experience, in evaluating qualifications of professionals and paraprofessionals; and
- establish career advancement policies that provide opportunities for staff members from diverse groups to assume supervisory and administrative positions.

To retain staff members from diverse cultural groups, the agency should demonstrate cultural responsiveness to all staff members, as well as to the children and families it serves.

The agency should create a culturally supportive work environment by

- acknowledging, respecting, and embracing different points of view in the workplace;
- asking community members to assist in identifying additional factors that will create a supportive environment;
- establishing personnel policies that are supportive and responsive to all staff members;

- providing leave-time policies that accommodate holidays and important community or family events of the various cultures represented by staff members;
- specifying cultural competence and responsiveness in all job descriptions and requiring staff to demonstrate a level of competence in dealing with cultural issues that can be measured in performance evaluations; and
- asking consumers from the community for their perceptions of the agency's effectiveness.

4.17 Criminal and child protective services record checks

The agency should conduct a criminal and child protective services (CPS) record check on all prospective kinship care staff.

Criminal and CPS record checks are essential for all prospective staff. If a candidate (or a staff person) is found to have a criminal or child abuse history, the incident(s) should be thoroughly reviewed. The agency should not hire or retain staff who might be a danger to children, families, or other staff.

Organizational Supports for the Delivery of Quality Kinship Care Services

4.18 Kinship care-only caseloads

When possible, the child welfare agency should staff kinship care services with social workers who carry only a kinship care caseload.

When social workers focus full time on services to kinship families, they are better prepared to anticipate and respond to the issues that arise in kinship care, including role changes and family communication and decisionmaking issues.

When social workers must carry a mixed or generic caseload because of office size or the demographics of a service catch-

ment area, the agency should ensure that staff understand the differences between relative and nonrelative care and are skilled in providing family-centered services.

4.19 Developing workload standards for kinship care staff

The child welfare agency should develop workload standards for kinship care staff based on best social work practice, the key responsibilities of staff, time demands, and staff, child, and family-specific factors.

The agency should develop workload standards that make it possible for staff to complete the tasks and activities that are essential to quality kinship care. Once workload standards are established, the agency should advocate aggressively for the resources needed to meet those standards.

In developing kinship care workload standards, the agency should take into account

- best social work practice standards;
- the level of competency of each social worker, including skills and experience;
- the complexity of the needs of the children, parents, caregivers, and extended and other family members;
- the intensity of services that the agency and community considers appropriate;
- the availability of other services (such as in-home services, support groups, and the assistance of paraprofessionals) to help with routine activities;
- the specific functions assigned to kinship care staff (e.g., intake, assessment, placement services, court activities, community development, provision of services) and the time needed to complete each;
- the time required to travel;
- the number of other agencies, individuals, or services involved with the family and the amount of time required for staff to communicate effectively with other community partners;
- the amount of time the social worker is expected to

spend on community outreach or activities that are not tied to a specific family; and

- the time needed for agency activities such as staff meetings, professional development, and administrative functions.

4.20 Developing caseload standards for kinship care staff

The child welfare agency should determine the caseload standard for the agency's kinship care staff so that staff are able to provide services that effectively address the safety, permanency, and well-being of children in kinship care.

In determining the appropriate caseload size for kinship care staff, the agency should consider

- the complexity of the needs of the child, parents, and caregivers;
- the level of competency of the social worker, including skills and experience;
- the specific functions assigned, including intake responsibilities, court work, contact with the education system, counseling, and other services and resources needed by the family; and
- the time required for case documentation, agency activities, professional development, and administrative functions.

In the interim, the agency should utilize the following recommended caseload standards:

- The initial assessment caseload should be no more than 12 to 15 children per social worker, with a maximum of 10 families; and
- The ongoing services to kinship families caseload should be no more than 15 to 18 children per social worker, with a maximum of 12 families.

4.21 Supervision of kinship care staff

The child welfare agency should ensure that kinship care staff receive quality supervision. The ratio of social workers to supervisor in kinship care should not exceed five to one.

Supervision by qualified and competent staff is critical to assure that kinship care staff provide quality services, engage kinship families from a helping perspective, follow agency policies and procedures, and develop fully as professionals.

4.22 Providing supports and resources for kinship staff

The child welfare agency should provide kinship care staff with the supports and resources they need to ensure the safety, permanency, and well-being of children in kinship care.

The agency should provide kinship care staff with supports and resources that include, but are not limited to, the following:

- sufficient staff to perform the duties expected;
- trained and competent support staff, such as paraprofessionals, clerical, and data system support;
- trained consultants to assist staff with case practice, decisionmaking, mediation, and personal safety in the workplace;
- trained consultants to help staff with cultural diversity issues;
- office and field equipment, accessible to all staff when needed, including computers, recorders, cellular phones, and pagers;
- safe and available modes of transportation or, if transportation is provided by the social worker, appropriate reimbursement;
- recognition of staff need for flexible scheduling to meet the demands of the caseload and to balance work and personal life;
- opportunities for staff development and continuing education;
- written assurances of liability protection for staff in the conduct of their duties;
- representation and consultation by legal counsel; and
- employee assistance programs.

4.23 Addressing issues related to agency and staff liability

The child welfare agency should have policies and procedures designed to limit agency and staff exposure to liability and to respond to liability issues in the provision of kinship care services.

The responsibilities associated with ensuring children's safety and supporting families carry risks of legal liability. It is not uncommon for an agency or one of its staff to be sued for actions they take or decide not to take. The agency should have policies and procedures in place that recognize the potential for liability and provide guidance to staff in limiting their possible exposure to liability. The agency also should be prepared in advance to respond quickly when an issue of liability is raised.

Training for Kinship Caregivers, Staff, and Others Involved in Kinship Care

4.24 Importance of training for all who play a role in kinship care services

The child welfare agency should recognize that training is needed by all who play a role in kinship care services—kinship caregivers, kinship care services social workers and supervisors, judges and other court personnel, school and health professionals, advocates, and others.

4.25 Development of a kinship care training program

The child welfare agency should assign qualified social work staff members to organize and carry out a kinship care training program. The program should be planned and provided in collaboration with experienced kinship caregivers, and, when appropriate, judges, health care professionals, educators, and advocates, and should model the value and practice of teamwork.

All staff members, kinship caregivers, and others who lead training should be prepared as trainers, be skilled in working with groups, and understand thoroughly the program content. Specifically, they should have knowledge of

- the purpose, goals, philosophy, and organizational structure of the agency and its kinship care program, and the relationship of kinship care to other child welfare services;
- the impact of caregiving on kinship caregivers, their children, and all aspects of their family life, including employment, health, mental health, finances, and, when appropriate, tribal and clan life;
- agency requirements and expectations relating to monitoring, supervision, and permanency planning;
- how the kinship care team operates within the agency and the role of kinship caregivers as key members of the team;
- the roles, rights and responsibilities of kinship caregivers, parents, the child, extended family, clan or tribal members, and the agency; and
- health and safety procedures, including first-aid, CPR, HIV/AIDS precautions, policies on medication, and emergency procedures.

Educational Support Programs for Kinship Caregivers

4.26 Characteristics of educational support programs for kinship caregivers

The child welfare agency should provide educational support programs for kinship caregivers to strengthen their ability to ensure the safety and well-being of the child in their care, meet the child's specialized needs, and manage their relationship and contacts with the child's parents.

The agency should develop these programs in the form of preparation and education; include caregivers as partners in program design, delivery, and evaluation; provide the programs on a regular basis; and make the programs available to all kinship caregivers, regardless of the child's custody status.

Educational support programs can be used to help kinship caregivers obtain the knowledge and skills needed to meet the needs of children in kinship care and, when the child is in the legal custody of the agency, to work collaboratively with the agency in permanency planning and implementation.

Discussion groups can provide a forum for education and an opportunity for kinship caregivers to address common concerns.

Framing preparation and support in terms of educational support programs avoids the use of the term *training*, which some caregivers may perceive as disrespectful, as many have raised at least one generation of children.

Educational support programs for caregivers should be provided in a supportive and participatory manner. Kinship caregivers should

- be consulted regularly regarding content, format, and other aspects of the program;
- be invited to serve on curriculum development planning groups;
- serve as trainers or co-trainers; and
- evaluate the program through written and verbal evaluations, consumer satisfaction surveys, and focus groups.

The agency should reach out to kinship caregivers, drawing in those who might otherwise be reluctant to attend formal training. Child care and transportation assistance should be available. Sessions should be held in settings that are accessible to caregivers and at times that are convenient for them.

4.27 Content of educational support programs for kinship caregivers

Educational support programs for kinship caregivers should be tailored to address caregivers' concerns related to the child, including the child's behavioral, social, educational, legal, and health needs; their roles and responsibilities as caregivers; their relationships and communication with the child's parents; and any other concerns that affect the child, parent, and caregiver.

Educational support programs for kinship caregivers should address

- the family assessment process; understanding role changes; and the criteria for being licensed, certified or approved as a kinship caregiver;

- the laws, regulations, policies, and values that guide the agency's child welfare programs, in general, and that affect kinship caregivers, in particular;
- policies on discipline, confidentiality, substance abuse and HIV/AIDS;
- information on TANF regulations that affect kinship families;
- agency and other programs that can provide valuable information, friendship, peer support, and advocacy;
- the developmental needs of children, including self-esteem, behavior, and discipline issues;
- child safety and issues of abuse and neglect;
- the dynamics of loss and grieving as they relate to children, parents, and kinship caregivers;
- the shift in patterns of authority and responsibility between the parent and the kinship caregiver as a result of the kinship care arrangement;
- the role of the kinship caregiver as a model for positive parenting;
- support for children's contacts with their parents, siblings, paternal family, and other kin; and
- the management of contacts between the caregiver and the parents of the children in their care.

When a child is in state custody and the kinship caregiver applies to become approved as a relative foster parent, the agency should require the caregiver to participate in educational support programs for caregivers that are tailored to their specific needs. When a child is in state custody and the kinship caregiver receives TANF, the agency should encourage the caregiver to participate in educational support programs.

4.28 Enhancing kinship caregiver educational support programs through ongoing information

The agency should enhance the benefits of its educational support program for formal kinship caregivers by providing ongoing information to support the family in using their strengths to develop an appropriate permanency plan for the child.

The agency should provide ongoing information to kinship caregivers regarding

- clarifying and managing the multiple roles faced by caregivers;
- issues specific to kinship caregiving, including the stresses of full-time parenting for the second time and the dynamics involved in parenting;
- being an active participant in permanency planning, including independent living arrangements, as appropriate;
- attending to the relationships among kinship siblings and other children in the household;
- resolving family conflict, including mediation approaches;
- resolving clan or tribal community conflict when American Indian children are involved, including traditional dispute resolution approaches;
- understanding and managing the effects of chemical dependency, parental incarceration, and HIV/AIDS;
- addressing children's special medical, educational, emotional, and sexuality needs;
- accessing and addressing financial and resource issues;
- addressing cultural, ethnic, and religious orientations, as appropriate; and
- working as a member of a team, including participating in case reviews, court involvement, counseling sessions, medical services, school meetings, and agency team meetings, as appropriate.

Training of Kinship Care Staff

4.29 Components of kinship care staff training

The child welfare agency should provide training for all kinship care social workers and other staff members.

Kinship care staff training should include an orientation to the agency, preservice training, and inservice training.

4.30 Orientation and preservice training for all kinship care staff

The child welfare agency should provide all kinship care staff with an orientation that addresses employment issues, as well as with preservice training specific to the employee's role.

The agency should provide all kinship care staff with an orientation that includes information on employees' rights and responsibilities, benefits, and personnel policies; a description of child welfare services; and policies on discipline, confidentiality, substance abuse and HIV/AIDS.

4.31 Preservice training for kinship care social workers

The agency should provide preservice training for kinship care social workers that addresses general principles of family assessment, kinship care, and cultural competence.

Preservice training provided to kinship care social workers should address

- the family assessment process, family group conferencing, and mediation;
- working with members of the kinship network to ensure the optimum living arrangement and permanent plan for the child;
- understanding and building on the strengths and cultural issues of the kinship family;
- assessing the effectiveness of kinship services through interviews and customer satisfaction surveys;
- the knowledge and practice skills necessary to be an effective kinship services worker;
- managing the impact of kinship care work on themselves and their own families; and
- the nature of cross-cultural work and the importance of becoming culturally competent.

4.32 Preservice training for kinship care supervisors

The agency should provide preservice training for new kinship care supervisors that addresses management issues, quality assurance, and community outreach.

Preservice training provided to kinship care supervisors should address

- the supervisor's role as manager, model for staff, and leader;
- selecting, hiring, and training social workers and support staff;
- supporting the growth and development of staff members;
- understanding and committing to the mission and goals of kinship care;
- cultural awareness and responsiveness;
- case consultation guidelines and procedures;
- quality assurance guidelines and procedures;
- working with difficult staff members;
- monitoring staff performance and program performance; and
- enlisting the support of agency management, other agency programs, and the community in strengthening services and supporting kinship caregivers.

4.33 Inservice training for kinship care social workers and supervisors

The child welfare agency should provide kinship care social workers and supervisors with a thorough inservice training program and continuing education opportunities that help them to maintain and expand the knowledge and skills necessary to provide quality services.

Kinship care staff should have the opportunity to help identify the content of inservice training that will be most useful to their continued development.

Inservice training should ensure that, as kinship care social workers and supervisors gain experience on the job,

their level of competence likewise increases. Inservice training should prepare social workers for increasing levels of responsibility, including supervisory responsibilities. Regular inservice training for kinship care supervisors should be designed to advance their supervisory skills and knowledge in working with staff, families, and the community.

The inservice training curriculum should be competency-based, and should have identified learning outcomes. The curriculum should include a focus on improving staff members' cultural competence and increasing their understanding of the role of culture in a person's life.

The agency should build relationships with community representatives who can orient staff members to the values and beliefs, customs, needs, strengths, and resources of the community and its culture. The agency should seek information from these communities and incorporate such information throughout the staff training program.

Inservice training should be regularly scheduled, with caseload coverage provided to ensure worker availability and participation.

Training and supervision should be integrated and mutually reinforcing. Formal, organized training programs should be augmented by on-the-job supervision, job rotation, coaching, and self-directed training opportunities.

Inservice training should assist kinship care program staff to apply and expand their knowledge and skills in the following areas:

- the philosophy and values of family-centered services;
- the guiding principles of kinship care policy and practice;
- family, couples, and individual counseling, family group therapy, decisionmaking, and mediation;
- strategies for engaging reluctant family members;
- assessment and goal setting;
- assessing the safety of and risks to the child;
- developing behaviorally specific case plans;
- teamwork;

- techniques for defusing violent or angry family, clan, or tribal members;
- teaching life skills to families (e.g., anger management, communication skills, problem solving and negotiating, stress management, and mood management);
- teaching parenting skills (to the child's parents);
- structuring strategies to prevent harmful interactions before, during, and between visits;
- helping families cope with chemically dependent family members;
- working with depressed and suicidal family members;
- cultural awareness and responsiveness;
- helping families to access and use community supports;
- advocating for agency and community support for kinship caregivers; and
- evaluating the success of services.

4.34 Agency support for staff seeking advanced degrees

The child welfare agency should work with universities and colleges to assist kinship care staff who are interested in obtaining an advanced degree. Whenever possible, the agency should extend to staff who wish to pursue further education financial support, flexible hours, or other assistance.

4.35 Cross-system training

The child welfare agency should develop and implement collaborative training with other key decisionmakers and should arrange for multidisciplinary participation in training to enhance all participants' understanding of the policy and practice issues involved in kinship care, the special needs of children in kinship care, and the importance of involving the entire family in the decisionmaking process.

The agency should work closely to develop collaborative training opportunities with professionals who develop and act upon child welfare policy, make child welfare decisions,

and allocate resources. These professionals include judges and attorneys, court officers, medical and mental health care professionals, law enforcement personnel, educators, and tribal representatives from each of these disciplines.

Recordkeeping and Data Systems in Kinship Care

4.36 Family records in kinship care

The child welfare agency should maintain family records when providing formal and informal kinship care services.

Records on families and children provide vital information that can assist agency staff, families, and community partners in the provision of kinship services. The information contained in records should be concise, factually based, clearly written, and targeted to family specific issues.

Informal kinship care records should include only information that is necessary to provide the needed services.

Formal kinship care records should focus on child safety, permanency, and well-being. The record in formal kinship care should include, but not be limited to, the following:

- identifying data on the child, parents, caregiver, paternal family members and significant others, the source and reason for the referral, and the response of the agency to the referral;
- the results of the agency's assessment with the family of the needs of the child and the family's ability to respond to these needs;
- an updated service plan that documents behaviorally specific goals and the progress toward meeting those goals as assessed by the agency and the family;
- clear documentation of the agency's assessments and reasons for significant decisions, including reasons for continued involvement with the family or the decision to end services;
- documentation of the activities undertaken by the social worker and the community partners, the results of those activities, and the family's interaction and response to the agency and community partners;

- information provided to the court and other agencies related to the safety, permanency, and well-being of the child and the family's ability to provide for the child;
- documentation of all vital legal documents, birth certificates, school reports and records, medical, psychiatric, psychological, and dental information (with documentation that copies of the documents have been shared with the kinship caregiver);
- documentation of supervisory and administrative guidance to staff, as appropriate, in a format developed in collaboration with staff; and
- documentation that family members have been informed about the agency's policy on the release of information from the record.

Records for families served through formal kinship care should contain information that is behaviorally objective and that clearly distinguishes facts from impressions. The format and recording standard of the record should be acceptable in a court hearing.

4.37 Casework and management information system for kinship care services

The child welfare agency should develop and maintain a comprehensive casework and management information system for gathering and analyzing kinship care data.

The agency should collect information *at the family level* to assist families served through kinship care and to advocate for needed service.

The agency should collect information *at the systems level* to assist with strategic planning, service delivery, community development and needs identification, quality improvement, staff performance review, and evaluation of kinship care programs.

Information should be collected from a variety of sources—families, community partners, and other public agencies—and should be compiled in a variety of systems, including a computer database, paper family records, case notes of staff, and administrative records with limited access.

The agency should use the most appropriate, cost-efficient, state-of-the-art technology and innovations to maximize the gathering and analysis of this information.

4.38 Confidentiality and safeguards in the use of records and data systems in kinship care

The child welfare agency should develop and implement policies and procedures related to the sharing and protection of information obtained during the assessment of and service delivery to families and children in kinship care.

Agency policies and procedures should respect the privacy of each family member. Agency policies should delineate the purpose, content, and allowable access to each record and each system maintained. Security mechanisms should be in place to protect the integrity of paper and computer records on children and families and to prevent unauthorized access to agency data systems.

In formulating its policies, the agency should refer to federal and state laws regarding the confidentiality of family record information. Information on families should not be shared with persons who do not have the need to know, including other staff within the agency.

Agency policies and procedures should allow parents access to all information in their records unless there is a statutory prohibition against sharing certain information (e.g., identifying information on the referral source). Parents should be informed of their right to access their record and to correct or clarify information they believe is inaccurate.

Agency policies and procedures should promote the facilitation of interagency collaboration and the sharing of relevant and appropriate information to protect children and provide services to families while also safeguarding the family's right to privacy.

When the agency works with other community partners to provide services to a family, the agency should obtain, whenever possible, written consent from the family prior to sharing information with the community partner.

If state law allows for information to be shared without the consent of the family, the agency should provide written notice to the family and should discuss with the child (as age and developmentally appropriate), why and with whom information will be shared.

Evaluation and Research in Kinship Care

4.39 The importance of regular evaluations in kinship care services

The child welfare agency should regularly evaluate its performance and achievements in providing kinship care services.

To ensure quality kinship care services, the agency should recognize the value of regular evaluations of performance and assessment of achievements.

When kinship care staff provide quality services, families are served effectively, and staff develop a sense of confidence in their skills. At the same time, families and the community are more likely to look upon the agency as an important source of support and assistance.

4.40 Evaluating performance in kinship care services

The child welfare agency should regularly evaluate the effectiveness of its kinship care services in terms of achieving defined outcomes and in terms of client satisfaction.

The evaluation of kinship care services should involve regular assessments of program performance, with a focus on the program's success in meeting the defined outcomes for kinship care services and client satisfaction.

The agency should assess the implications of the evaluation findings for the delivery of kinship care services, casework practice, program operations, and staff allocation, particularly when findings indicate a need to reassign staff or financial resources.

Program and practice modifications should occur when needed, as indicated by the evaluation findings.

The evaluation of kinship care services should be developed and implemented through a team approach that involves agency program and evaluation staff. Evaluations

should be conducted by qualified agency staff or outside consultants.

Although most evaluations will be planned, the agency should conduct evaluations of critical incidents and respond to ad hoc evaluation requests.

4.41 Evaluating administrative functions and operations

The agency should regularly evaluate its administrative functions and operations and their effect on the delivery of kinship care services.

The evaluation of the agency's administrative functions and operations should be conducted by qualified in-house staff or outside consultants knowledgeable about kinship issues.

The evaluation should assess

- the adequacy of agency staffing, including number and qualifications of staff members relevant to meeting the agency's outcomes;
- the agency's compliance with licensing or contractual obligations and accreditation standards, if necessary;
- the range of services available through the agency or community partners to meet the needs of families and children, including a utilization review to determine whether existing services are sufficient to meet the needs of children, families, and the community;
- resources and whether they are being used in an efficient and effective manner (if resources are not sufficient, then the evaluation findings should be used to advocate for additional resources);
- administrative policies and procedures, and the management information system;
- support services such as training, consultation, and financial management;
- cultural staffing patterns to ensure sufficient diversity among staff consistent with the cultural and ethnic composition of the community;

- salary and other staff benefits; and
- the agency's involvement in the community and its ability to engage individuals from the community in the support of children and families.

4.42 Using management information systems to enhance the evaluation of program and administrative functions

The child welfare agency should use management information systems to enhance its evaluation of kinship care services and the effects of administrative functions and operations on the kinship care programs.

The agency's management information systems should contain information that will support the evaluation of the kinship care program and administrative effectiveness.

The information should be maintained in an accurate and retrievable format.

Trained agency staff or consultants should be engaged to analyze the information contained in the system.

4.43 Conducting research and incorporating research into agency practice

The child welfare agency should conduct research or collaborate with universities and other agencies in research activities that evaluate the efficiency and effectiveness of kinship care practices, services, and programs. The agency should utilize research findings to extend its knowledge about programs and services and to enhance the safety, permanency, and well-being of children and the strengths of families in kinship care.

When undertaking research, the agency should

- use accepted research methodologies and the expertise of qualified research personnel;
- protect the privacy and the integrity of all families and children (the participation of children and families should be voluntary and they should be informed of the purpose of the research);
- protect the confidentiality of children and families if

the study will consist of record review and does not require direct contact with the family or child;

- involve agency staff and community partners, to the extent possible, in the research design and implementation;
- involve kinship families in defining research questions and providing feedback;
- review research findings in concert with administrative data to determine if changes in organization, programs or structure should occur;
- incorporate research findings into policy and practice development, as appropriate (staff should be informed of the research projects and trained in the findings of research conducted by the agency);
- ensure that the research is sufficiently funded so that it can be successfully completed (the agency should pursue public and private funds for research activities);
- share findings to enhance staff training and the content of training and support groups for caregivers; and
- share findings with federal, state, tribal, and community agencies so that they can benefit from and use the information to improve their systems of support for families and children.

Financial Supports for Kinship Care Services

4.44 Fiscal planning and management

The child welfare agency should have a detailed financial strategy and should carefully manage its funds to meet the most critical needs of the kinship families it serves.

Kinship care and child welfare services have rarely been at a "full funding" level. Funds are seldom sufficient to provide a complete range of services, and agencies are often hampered by categorical funding that restricts agency flexibility in responding to changing family needs.

The agency should employ staff with the expertise to

manage its resources efficiently and have in place a sound financial resource management system.

The agency should explore alternative funding sources (such as grants) to assist in providing funding for kinship care services and supports.

4.45 Financing contracted services for children, parents, and kinship caregivers

The child welfare agency should collaborate with the community in identifying and funding the services that are needed by children, parents, and kinship caregivers (e.g., counseling, residential care, home visiting, parent aides, respite care) and that require contractual agreements among agencies.

To assure that a full range of services is available for kinship families, the child welfare agency and the community agencies should

- conduct a needs assessment within the community that identifies available services and gaps in service provision;
- develop contracts with agencies that can knowledgeably deliver kinship care services;
- develop contracts that are performance and outcome based;
- advocate for additional funding to address the service needs within the community;
- consider a pooled approach to funding programs within the community;
- advocate for flexibility within funding sources to promote service integration and to best serve kinship care families in the community; and
- coordinate service delivery in such a manner as to avoid duplication of services.

5

Community-Based Support for Kinship Care Services

Goals

- I. To ensure the provision by the community of accessible services that meet the needs of families, including kinship families, in need of assistance.
- II. To promote community support for a full range of supports and services for kinship families and their children.
- III. To establish and maintain an active and ongoing process that involves kinship families and other community members in designing and implementing supports and services to promote and enhance child safety, permanency, and well-being.
- IV. To establish relationships with community partners that ensure that children and kinship families are receiving the supports and services needed to keep the family together while keeping children safe.
- V. To facilitate the referral of kinship families who are in need of formal child and family welfare services.
- VI. To develop strong collaborative networks to educate the general community on kinship care issues and the role of the child welfare agency.

Communities have a responsibility to keep children safe. Although parents or kinship caregivers have the primary responsibility for ensuring their children's safety and well-being, they need ongoing support from the community if they are to succeed.

5.1 Establishing kinship care as an integral part of the community

All members of the community—including child welfare agencies, tribal governments and agencies, community services, and individuals—should work collaboratively to make kinship care services a prominent and integral part of the community.

Working together, all members of the community should ensure that effective resources are available to assist families in providing the best possible care for children and that a full range of preventive, supportive, assessment, and treatment services and resources are available for children in kinship care and their families. Each community should ensure that kinship families have what they need to provide a safe, nurturing, and permanent living arrangement for the children in their care.

The child welfare agency is only one of many sources of support and intervention for families. Education, health care, law enforcement, the judicial system, religious and civic groups, businesses, and local and tribal governments can help the agency provide leadership to mobilize community resources. Community organizations, working in partnership with child welfare agencies and other partners, can expand their traditional roles and assume responsibilities for enhancing family support efforts. Collaboration among agencies and organizations can help make additional resources available to children in kinship care and their families.

5.2 Role of the child welfare agency in building supports for kinship families

The child welfare agency should work with other community partners, including tribal agencies, to build supports and provide services for children and kinship families.

The agency should educate and inform community organizations and other agencies regarding situations that cause the separation of children from their parents and the role of kinship care in meeting children's needs.

The agency should provide information about kinship services and supports to schools; housing agencies; health, mental health, and substance abuse prevention/treatment providers; legal and professional groups; faith organizations; formal and informal helping networks; and community leaders.

The agency should assist the community in developing strategies that will support kinship care families and promote safety, permanency, and well-being for all children. These strategies should address primary, secondary, and tertiary prevention, as well as early intervention, through a comprehensive and collaborative community approach.

In partnership with other community organizations, the agency should

- develop kinship care resource programs within neighborhoods to provide prevention and early intervention services such as self-help groups, support groups, information and referral services, recreational programs, and social activities;
- develop personal safety and family life programs to address teen pregnancy, substance abuse, domestic violence, HIV/AIDS, and school issues for children and kinship families;
- provide preventive health care, home visiting services, and quality, affordable child care;
- develop public education campaigns that supply information on kinship care family issues, including the situations that may lead to the separation of children from their families;
- provide opportunities for kinship families to share with other members of the community their talents and expertise; and
- identify financial resources, both public and private, that can be used to support kinship care services.

5.3 Importance of collaboration among the child welfare agency, community agencies, and service organizations

The child welfare agency should encourage community agencies and service organizations to actively collaborate with one another to plan and implement community services that promote child safety, permanency, and well-being, as well as healthy kinship families. Information describing the community's collaborative efforts should be collected and disseminated by the agency.

The agency should encourage community agencies and service organizations to share their skills and resources and develop, when appropriate, working agreements to increase communication, promote cross-training, and eliminate service duplication.

The child welfare agency should also encourage community agencies and service organizations to

- collaborate with other members of the community in outreach programs that engage kinship families and advocate so that those individuals in need of services and supports can have timely and easy access to services;
- provide an array of services that will meet the needs of a diverse population;
- share their expertise in community development, advocacy, financial management, evaluation, and community-based service delivery with other partners and the community;
- advocate for legislation, policies, and pooled and flexible funding strategies that promote service integration and community collaboration to support kinship families and assist families in keeping their children safe;
- ensure that their service programs promote healthy child and family development and respond to the individual needs of children and families brought to their attention;
- work with other community agencies to respond to service gaps;

- ensure that their staff members are properly trained and skilled in their areas of expertise, are familiar with kinship care principles, and are knowledgeable about community development, teamwork, and advocacy;
- serve on multidisciplinary teams in the community; and
- permit and encourage their staff members to play an active role in community activities that support children and kinship families.

5.4 Role of schools and institutions of higher learning

The child welfare agency should encourage schools and institutions of higher learning to support kinship families.

The agency should encourage elementary and secondary schools to

- establish procedures to facilitate the enrollment of children in school by their kinship caregivers;
- provide opportunities for kinship caregivers and parents to participate in the educational development of their children;
- make facilities available for after-school programs, parenting classes, child safety classes, mediation services, family counseling, and educational and recreational programs that support children and kinship families; and
- allow the use of school facilities for activities within the community that support the health and well-being of children and families.

Universities, colleges and libraries can play a significant role in supporting kinship care principles, family preservation, and child safety and well-being. The agency should encourage these institutions to

- provide community based outreach services for kinship families;
- provide space for workshops that support community members in identifying family strengths, advocating

for children, and engaging in other community activities;

- provide pro bono or volunteer services (e.g., research on kinship care, clinical social work, community development expertise, consultation);
- educate students and practitioners in all related fields on issues related to working with the entire kinship care family on family concerns and child safety;
- provide preservice and inservice training to child welfare staff and community partners; and
- collaborate with child welfare agencies in preparing graduates for working with kinship care families in the community.

5.5 Role of mental health and health care professionals

The child welfare agency should encourage mental health and health care professionals to work with individual kinship families and assist them in meeting the safety and permanence needs and ensuring the well-being of the children in their care; and to collaborate with other members of the community to provide care and support to kinship families.

Mental health and health care professionals offer essential services to support kinship families. They can play an important role in engaging other community partners, such as health management agencies, in meeting the needs of kinship families and children.

Mental health and health care professionals should be encouraged to solicit advice and support from members of the communities to which kinship families belong, including tribal communities, to ensure that they fully understand and can address problems that may be unique to children of color, including American Indian children.

5.6 Role of service providers who address family violence

The child welfare agency should encourage service providers who address family violence to assist the community in recognizing and understanding the link between child abuse and

neglect and family violence. The agency should integrate treatment for family violence into its own array of services.

Because family violence is a critical issue and parents involved in family violence frequently call upon kin to care for their children, community support for parents, children and kin is essential.

Child welfare agencies should develop their own policies, programs, and practices to address family violence issues; collaborate with providers specializing in family violence treatment services; and advocate for resources to educate, train, and open lines of communication among family violence treatment providers, parents and their children, and child welfare agencies.

Tribal communities should be consulted during the development of family violence policies, programs, and practices to ensure that problems unique to their communities are identified and addressed.

5.7 Role of substance abuse treatment service providers

The child welfare agency should engage substance abuse treatment service providers to assist it with consultation and training in recognizing and addressing the underlying causes and effects of substance abuse. The agency should work with community partners in assessing family needs and strengths and assisting families in addressing substance abuse problems.

5.8 Role of law enforcement

The child welfare agency should encourage law enforcement agencies to work with community members to address the problems that create safety risks for children and families in the community.

In addition to their traditional role of investigating criminal activities, law enforcement agencies can help communities develop and staff neighborhood prevention programs. Law enforcement agencies should be encouraged to be "relative friendly," immediately seeking relatives (or, for American Indian children, a clan or other tribal member) when a child must be taken into protective custody.

5.9 Role of legal assistance providers

The child welfare agency should work with providers of legal assistance to ensure that families are informed of their legal rights and responsibilities and that they have an understanding of and legal guidance regarding legal terms, court fees, and court rules.

Legal assistance is an essential service that should be available to kinship families. The legal process can be stressful, time-consuming, and expensive, and providers of legal assistance can play a critical role in helping kinship families understand and effectively participate in the process.

Legal assistance providers can help kinship caregivers understand their legal options regarding permanency for the children in their care and their legal rights to act on behalf of the child. They also can assist the community in recognizing and understanding the legal needs of kinship caregivers and other family and community organizations.

5.10 Role of faith organizations

The child welfare agency should engage faith organizations as collaborative partners in helping kinship families build on their strengths, in strengthening relationships with other community partners to more effectively meet the needs of kinship families, and in serving as hosts for community activities.

Faith organizations play a major role in the community. Historically, community members have sought out faith organizations to assist them with family concerns. Faith organizations should be included as active partners in planning and implementing community strategies to support and serve kinship families.

5.11 Role of civic organizations, businesses, and other community institutions

The child welfare agency should engage businesses, neighborhood organizations, recreational programs, and fraternal organizations in advocating for child safety, permanency, and well-being, as well as in supporting and strengthening families.

Communities comprise a variety of supports for families beyond those traditionally acknowledged by child welfare agencies. These nontraditional sources of support should be encouraged to

- develop self-help groups and employee assistance programs;
- participate in advocacy efforts to support adequate family assistance programs, such as employment services, housing, child care, and health and mental health care;
- train their staffs in the identification of both high-risk factors and indicators of child abuse and neglect;
- collaborate on the provision of ongoing supports to kinship care families (e.g., corporate-sponsored child care, after-school programs, flextime for working caregivers or parents who need it, and parental leave);
- play an active role in planning efforts and community partnerships to prevent and ameliorate child abuse and neglect and to preserve and support family stability;
- participate in planning with child welfare agencies for a full array of services and supports; and
- encourage their staff members to be active in programs within the community that support kinship families, including engaging kinship families and keeping them connected to resources and supports.

5.12 Role of tribal communities in responding to child safety and family stability

In accordance with the provisions of the Indian Child Welfare Act of 1978, the child welfare agency should engage appropriate tribal organizations in a partnership to keep children safe and support families.

The Indian Child Welfare Act of 1978 [ICWA] (P.L. 95-608) was passed "to protect the best interest of the Indian child and promote the stability and security of Indian tribes and families."

ICWA places jurisdiction with the tribe in child custody proceedings involving out-of-home care or adoptive placements of American Indian children or the termination of the rights of American Indian parents.

ICWA mandates that special consideration be given to placing a child with extended family, with another member of the tribe, or with other qualified Indian families. By law, agencies must involve the tribe in decisions regarding American Indian children.

Special legal and cultural issues come into play in the provision of services to American Indian children and their families.

- The agency should strive to understand, acknowledge, and respect the tribe's unique customs, laws, and codes.
- The agency should recognize that American Indian tribes are sovereign nations and should work collaboratively with tribal governments.
- Agreements with American Indian tribes and organizations should establish protocols, policies, and procedures for children who reside within the reservation as well as for American Indian children who live outside reservation boundaries.

Within the community, American Indian organizations may exist that advocate for children and their families. The child welfare agency should engage these organizations as community partners.

5.13 Role of the media

The child welfare agency should engage the media in efforts to support kinship care and to promote child safety, permanence, and well-being.

The media have tremendous influence on how individuals view their communities, community agencies, and families within the community. The media can assist in community efforts to support kinship care families when children cannot remain with or be returned to their parents.

The media should be encouraged to report on the needs of the children and families who live within the community.

The agency should provide information to the media on kinship care and help the media present a balanced picture of kinship families.

The agency should encourage the media to

- offer a balanced, informed perspective when reporting on kinship care issues and other family concerns in the community;
- assure that media presentations do not exploit children, their parents, or kinship families;
- understand the role of the formal child welfare system;
- develop community standards and ethics, in collaboration with professional agencies, regarding the presentation of kinship care issues;
- work with the community on public awareness campaigns related to kinship care; and
- encourage individuals to be active in their community in programs that support kinship families and other community members.

5.14 Role of informal community and kinship family supports

The child welfare agency should engage informal supports such as friends, paternal and maternal relatives, clan or other tribal members, and neighbors to assist kinship families.

The help provided by informal supports often strengthens families. Often, informal supports act as a cultural guide and assist in conveying important information to and about the kinship family. Such sources of support should be encouraged to play an active role in ensuring children's safety, permanency, and well-being, and in helping kinship families address daily life situations.

Informal family and community supports can assist children and kinship families who are experiencing stressful life situations by

- encouraging families to acknowledge the need for services to prevent the separation of the child from the kinship family, unless the child is returning home to the parents;

- identifying children who are in unsafe family settings and reporting their concerns to the appropriate authorities in a timely manner;
- providing a safe living arrangement for children who cannot remain with their kinship caregivers;
- providing regular and ongoing support to kinship families while they are involved with the child welfare agency as well as after services from the child welfare or other community agency end;
- assisting the kinship caregiver in determining the best permanency plan for the child and family; and
- advocating for services and resources within the community to keep children safe and to preserve, support and build on family strengths.

The child welfare agency can support the involvement of informal family and community supports by

- involving them, as appropriate, in the family assessment and case planning process;
- encouraging them to become involved as informal resources of positive support for kinship families who are referred to the child welfare agency ; and
- acknowledging the role of informal supports by engaging them as partners in community activities, conferences, and training sessions.

5.15 Role of kinship caregivers and families as active community partners

The child welfare agency should encourage kinship caregivers to participate, to the extent possible, in community efforts to develop supports and services that promote family stability and offer prevention strategies for child safety, permanency, and well-being.

Kinship caregivers and families can be active community partners by serving within the community as support for other families, identifying service gaps, participating on community boards, and developing community kinship care support groups.

Selected References

- American Association of Retired Persons. (1997). *AARP Grandparent Information Center evaluation report*. Washington, DC: Author.
- American Public Human Services Association. (1998). *Comments on proposed child welfare regulations* (Comments on Adoption and Safe Families Act, Notice of Proposed Rule Making), December 17, 1998. Washington, DC: Author.
- American Public Welfare Association. (1998). APWA survey of 1996 family foster care maintenance payment rates. *W-Memo*, 10(1), 37-40.
- Aldgate, J., Colton, M., Ghatte, D., & Heath, A. (1992). Educational attainment and stability in long-term foster care. *Children & Society*, 6(2), 91-103. Cited in Cantos, A., Gries, L., & Slis, V. (1996). Correlates of therapy referral in foster children. *Child Abuse & Neglect*, 20, 921-931.
- Altshuler, S. (1998). Child well-being in kinship foster care: Similar to, or different from, non-related foster care? *Children and Youth Services Review*, 20, 369-388.
- Association of Administrators of the Interstate Compact on Adoption and Medical Assistance Incorporated. (1993). *Issue brief XXIII: Achieving permanency for children in relative foster care*.
- Baker, D. R. (1995, Fall). Kinship care and permanency planning. *Children's Legal Rights Journal*, 32-34.
- Barth, R. (1992). *Pathways from kinship foster care*. Berkeley: Child Welfare Research Center, School of Social Welfare, University of California at Berkeley.
- Barth, R., & Berry, M. (1987, March). Outcomes of child welfare services under permanency planning. *Social Service Review*, 71-90.
- Barth, R., Courtney, M., Berrick, J., & Albert, V. (1994). *From child abuse to permanency planning*. New York: Aldine de Gruyter.

- Beeman, S., Wattenberg, E., Boisen, L., & Bullerdick, S. (1996). *Kinship foster care in Minnesota*. St. Paul: Center for Advanced Studies in Child Welfare, University of Minnesota School of Social Work.
- Benedict, M. (1995). *Kin and nonkin foster care in the context of family systems theory*. Baltimore, MD: The Johns Hopkins University, School of Hygiene and Public Health.
- Benedict, M., & White, R. (1991). Factors associated with foster care length of stay. *Child Welfare*, 70, 45-58.
- Benedict, M., Zuravin, S., & Stallings, R. (1996). Adult functioning of children who lived in kin versus non-relative family foster homes. *Child Welfare*, 75, 529-549.
- Berrick, J. (1997). Assessing quality of care in kinship and foster family care. *Family Relations*, 46, 273-280.
- Berrick, J. (2001). What works in kinship care. In M. Kluger, G. Alexander, and P. Curtis (Eds.), *What works in child welfare* (pp. 127-138). Washington, DC: CWLA Press.
- Berrick, J., & Barth, R. (1994). Research on kinship foster care: What do we know? Where do we go from here? *Children and Youth Services Review*, 16(1-2), 1-5.
- Berrick, J., Barth, R., & Gilbert, N. (1997). *Child welfare research review* (Vol. 2). New York: Columbia University Press.
- Berrick, J., Barth, R., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review*, 16(1-2), 33-63.
- Berrick, J., & Lawrence-Karski, R. (1995, Fall). Emerging issues in child welfare. *Public Welfare*, 4-12.
- Berrick, J., & Needell, B. (1997). *Kinship foster care in California*. Presented at Kinship Care: A Natural Bridge, San Francisco, CA (August 14, 1997).
- Berrick, J., Needell, B., & Barth, R. (1995). *Kinship care in California: An empirically based curriculum*. Executive summary. Berkeley, CA: University of California Berkeley, Child Welfare Research Center.
- Berrick, J., Needell, B., & Barth, R. (1999). Kin as a family and child welfare resource. In R. Hegar & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice and research*. New York: Oxford University Press.
- Boots, S., & Geen, R. (1998). *Analysis of data from the Urban Institute child welfare survey*. (Unpublished).

- Boots, S., & Geen, R. (1999). *Family care or foster care? How state policies affect kinship caregivers*. Assessing the New Federalism Project. Washington, DC: The Urban Institute.
- Brooks, D., & Barth, R. (1998). Characteristics and outcomes of drug-exposed and non-drug-exposed children in kinship and non-relative foster care. *Children and Youth Services Review*, 20, 475-501.
- Burton, L. (1992). Black grandparents rearing children of drug-addicted parents: Stressors, outcomes and social service needs. *The Gerontologist*, 32, 744-751.
- Burnette, D. (1998). Grandparents rearing grandchildren: A school-based small group intervention. *Research on Social Work Practice*, 8(1), 10-27.
- Cantos, A., Gries, L., & Slis, V. (1996). Correlates of therapy referral in foster children. *Child Abuse & Neglect*, 20, 921-931.
- Casper, L., & Bryson, K. (1998). *Co-resident grandparents and their grandchildren*. Paper presented at the 1998 Annual Meeting of the Population Association of America, Chicago, IL.
- Catholic Charities of Santa Clara County, CA, & Council on Aging of Santa Clara County, CA. (1995). *Grandparents raising grandchildren: Looking to the future*. 1995 Conference Summary. Los Angeles, CA: Santa Clara County.
- Chalfie, D. (1994). *Going it alone: A closer look at grandparents parenting grandchildren*. Washington, DC: AARP.
- Child Welfare League of America. (1994). *Kinship care: A natural bridge*. Washington, DC: Author.
- Child Welfare League of America. (1995). *CWLA standards of excellence for family foster care*. Washington, DC: Author.
- Child Welfare League of America. (1996). *CWLA standards of excellence for the management and governance of child welfare organizations*. Washington, DC: Author.
- Child Welfare League of America. (1999). *CWLA standards of excellence for services for abused and neglected children and their families*. Washington, DC: Author.
- Child Welfare League of America. (2000). *CWLA standards of excellence for adoption services*. Washington, DC: Author.
- Chipungu, S., & Everett, J. (1994). The power of information: Exchange patterns between African-American foster parents and child welfare workers. *Journal of Multicultural Social Work*, 3(3), 17-33.
- Clark, R. (1997). *Children in kin care, 1983-1993: Evidence from the Current Population Survey*. Paper presented at the Population Association of America Conference.

- Cook, R., & Ciarico, J. (1998). *Analysis of kinship care data from the U.S. Department of Health and Human Services, Children's Bureau, National Study of Protective, Prevention and Reunification Services Delivered to Children and Their Families*. (Unpublished).
- Costin, L., Karger, H., & Stoesz, D. (1996). *The politics of child abuse in America*. New York: Oxford University Press.
- Coupet, S. (1996). Exploring kinship foster care. *Michigan Child Welfare Law Journal*, 1(2), 24-31.
- Courtney, M. (1994, March). Factors associated with the reunification of foster children with their families. *Social Service Review*, 81-108.
- Courtney, M. (1995, June). Reentry to foster care of children returned to their families. *Social Service Review*, 221-241.
- Courtney, M., & Barth, R. (1996). Pathways of older adolescents out of foster care: Implications for dependent living services. *Social Work*, 41, 75-83.
- Courtney, M., & Needell, B. (1997). Outcomes of kinship care: Lessons from California. In J. Berrick, R. Barth, & N. Gilbert (Eds.), *Child welfare research review* (Vol. 2). New York: Columbia University Press.
- Crumbley, J., & Little, R. (1997). *Relatives raising children: An overview of kinship care*. Washington, DC: Child Welfare League of America.
- Danzy, J. (1996). Philadelphia's collaborative process for building a responsive agenda for kinship care. *Child Welfare*, 75, 651-662.
- Davidson, B. (1997). Service needs of relatives caregivers: A qualitative analysis. *Families in Society*, 502-510.
- Davies, G., & Derthick, M. (1997). Race and social welfare policy. *Political Science Quarterly*, 112, 217-235.
- Davis, I., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18, 363-382.
- DiLeonardi, J. (no date). *Kinship care, permanency planning and substance abuse*. Distributed by Lifelink-Bensenville Home Society, Bensenville, IL. (Unpublished).
- Dore, M., & Kennedy, K. (1981). Two decades of turmoil: Child welfare services, 1960-1980. *Child Welfare*, 60, 371-382.
- Dubowitz, H. (1990). *The physical and mental health and educational status of children placed with relatives: Final report*. Baltimore: University of Maryland Medical School.

- Dubowitz, H. (1994). Kinship care: Suggestions for future research. *Child Welfare*, 73, 553-564.
- Dubowitz, H., Feigelman, S., Harrington, D., Starr, R., Zuravin, S., & Sawyer, R. (1994). Children in kinship care: How do they fare? *Children and Youth Services Review*, 16(1-2), 85-106.
- Dubowitz, H., Feigelman, S., & Zuravin, S. (1993). A profile of kinship care. *Child Welfare*, 72, 153-169.
- Dubowitz, H., Feigelman, S., Zuravin, S., Tepper, V., Davidson, N., & Lichenstein, R. (1992). The physical health of children in kinship care. *American Journal of Diseases of Children*, 146, 603-610.
- Dubowitz, H., & Feigelman, S. (1994). School behavior of children in kinship care. *Child Abuse & Neglect*, 18, 899-911.
- Edgar, J., & Lindley, M. (1998). *Grandparents raising grandchildren: A family challenge*. The Illinois Department on Aging's Initiative to Assist Grandparent Caregivers. (Preliminary final report.)
- Everett, J., Chipungu, S., & Leashore, B. (Eds.). (1997). *Child Welfare: An Africentric Perspective*. New Brunswick, NJ: Rutgers University Press.
- Fein, E., Maluccio, A., & Kluger, M. (1990). *No more partings: An examination of long-term foster care*. Washington, DC: Child Welfare League of America.
- Festinger, T. (1994). *Returning to care: Discharge and reentry in foster care*. Washington, DC: Child Welfare League of America.
- Fluke, J., Harper, C., & Wahlgren, C. (1997). A fiscal analysis of subsidized guardianship policy in Colorado using simulation modeling. *Protecting Children*, 13(3), 10-13.
- Frame, L., Berrick, J., Lee, S., Needell, B., Cuccaro-Alamin, S., Barth, R., Brookhart, A., & Pernas, M. (1998). *Child Welfare in a CalWorks environment: An empirically based curriculum*. Berkeley, CA: University of California Berkeley, Child Welfare Research Center.
- Fuller-Thompson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *The Gerontologist*, 37, 406-411.
- Gaudin, J., & Sutphen, R. (1993). Foster care vs. extended care for children of incarcerated mothers. *Journal of Offender Rehabilitation*, 19(3-4), 129-47.
- Gebel, T. (1996). Kinship care and non-relative foster care: A comparison of caregiver attributes and attitudes. *Child Welfare*, 75, 5-18.
- Generations United. (1998). *Grandparents and other relatives raising*

- children: *An intergenerational action agenda*. Washington, DC: Author.
- Gleeson, J. (1996). Kinship care as a child welfare service: The policy debate in an era of welfare reform. *Child Welfare*, 75, 419-449.
- Gleeson, J., & Craig, L. (1994). Kinship care in child welfare: An analysis of states' policies. *Children and Youth Services Review*, 16(1-2), 7-31.
- Gleeson, J., O'Donnell, J., & Bonecutter, F. (1997). Understanding the complexity of practice in kinship foster care. *Child Welfare*, 76, 801-826.
- Gleeson, J. P. (1997). *Creating a context to support exemplary practice in Kinship Care*. Presented at Kinship Care: A Natural Bridge, San Francisco, CA (August 14, 1997).
- Gleeson, J. P., & Hairston, C. F. (Eds.) (1999). *Kinship care: Improving practice through research*. Washington, DC: CWLA Press.
- Goerge, R. (1990, September). The reunification process in substitute care. *Social Service Review*, 64, 422-457.
- Goerge, R., Wulczyn, F., & Fanshel, D. (1994). A foster care research agenda for the '90s. *Child Welfare*, 73, 525-549.
- Goerge, R., Wulczyn, F., & Harden, A. (1996, Summer). New comparative insights into states and their foster children. *Public Welfare*, 12-25.
- Gray, S., & Nybell, L. (199). Issues in African-American family preservation. *Child Welfare*, 69, 513-523.
- Harden, A. W., Clark, R. L., & Maguire, K. (1997). *Informal and formal kinship care. Volume 1: Narrative reports*. Washington, DC: U.S. Department of Health and Human Services.
- Hegar, R. (1993). Assessing attachment, permanence, and kinship in choosing permanent homes. *Child Welfare*, 72, 367-378.
- Hegar, R., & Scannapieco, M. (1995). From family duty to family policy: The evolution of kinship care. *Child Welfare*, 74, 200-216.
- Hill, R. B. (1997). *The strengths of African American families: Twenty-five years later*. Washington DC: R & B Publishers.
- Hornby, H., Zeller, D., & Karraker, D. (1995). *Kinship care in America: A national policy study*. Portland, ME: Edmund S. Muskie Institute of Public Affairs, University of Southern Maine.
- Hornby, H., Zeller, D., & Karraker, D. (1996). Kinship care in America: What outcomes should policy seek? *Child Welfare*, 75, 397-418.
- Hungerford, G. (1994). Caregivers of children whose mothers are incarcerated: A study of the kinship placement system. *Children Today*, 24(1), 23-27.

- Iglehart, A. (1994). Kinship foster care: Placement, service, and outcome issues. *Children and Youth Services Review*, 16, 107-122.
- Iglehart, A. (1995). Readiness for independence: Comparison of foster care, kinship care, and non-foster care adolescents." *Children and Youth Services Review*, 17, 417-432.
- Ingram, C. (1996). Kinship care: From last resort to first choice. *Child Welfare*, 75, 550-566.
- Jackson, S. (1996). The kinship triad: A service delivery model. *Child Welfare*, 75, 583-599.
- Jendrek, M. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist*, 34, 206-216.
- Johnson, I. (1994). *Kinship care*. In D. Besharov (Ed.), *When drug addicts have children* (pp. 221-228). Washington, DC: Child Welfare League of America.
- Jones, L., & Kennedy, J. (1996). Grandparents united: Intergenerational developmental education. *Child Welfare*, 75, 636-650.
- Killackey, E. (1992). Kinship foster care. *Family Law Quarterly*, 26, 211-220.
- Kinship Care Advisory Panel. (1998). *Summary of proceedings: Kinship care advisory panel meeting, October 5-6, 1998*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Kinship Care Advisory Panel. (1999). *Summary of proceedings: Kinship care advisory panel meeting, January 28, 1999*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Korbin, J. (1991). Cross-cultural perspectives and research directions for the 21st century. *Child Abuse and Neglect*, 151, 67-78.
- Kusserow, R. (1992a). *State practices in using relatives for foster care*. Washington, DC: U.S. Department of Health and Human Services, Office of the Inspector General.
- Kusserow, R. (1992b). *Using relatives for foster care*. Washington, DC: U.S. Department of Health and Human Services, Office of Inspector General.
- Laird, J. (1979). An ecological approach to child welfare: Issues of family identity and continuity. In C. German (Ed.), *Social work practice: People and environments* (pp. 174-209). New York: Columbia University Press.
- Landsverk, J., Davis, I., Ganger, W., Newton, R., & Johnson, I. (1996). Impact of child psychosocial functioning on reunification from out-of-home placement. *Children and Youth Services Review*, 18, 447-462.

- Lawder, E., Poulin, J., & Andrews, R. (1986). A study of 185 foster children 5 years after placement. *Child Welfare*, 65, 241-251.
- LeProhn, N. (1994). The role of the kinship foster parent: A comparison of the role conceptions of relative and non-relative foster parents. *Children and Youth Services Review*, 16(1-2), 65-81.
- Link, M. (1996). Permanency outcomes in kinship care: A study of children placed in kinship care in Erie County, N.Y. *Child Welfare*, 75, 509-528.
- Little, R. L. (1997). Administration of kinship care programs in child welfare agencies. Presented at Kinship Care: A Natural Bridge, San Francisco, CA (August 14, 1997).
- Magruder, J. (1994). Characteristics of relative and non-relative adoptions by California public adoption agencies. *Children and Youth Services Review*, 16(1-2), 123-131.
- Mandelbaum, R. (1997). *The fate of kinship caregivers in a time of block grants: A study of six states*. Presented at Kinship Care: A Natural Bridge, San Francisco, CA (August 14, 1997).
- McDaniel, N., Merkel-Holguin, L., & Brittain, C. (1997). Options for permanency: An overview. *Protecting Children*, 13(3), 4-9.
- McLean, B., & Thomas, R. (1996). Informal and formal kinship care populations: A study in contrasts. *Child Welfare*, 75, 489-505.
- Mills, C., & Usher, D. (1996). A kinship care case management approach. *Child Welfare*, 75, 600-618.
- Milner, J., (1986). An ecological perspective on duration of foster care. *Child Welfare*, 66, 113-126.
- Minkler, M. (1997). *Intergenerational households headed by grandparents: Demographic and sociological contexts*. Presented at Generations United Symposium on Grandparents and Other Relatives Raising Children (October 21-22, 1997).
- Minkler, M., & Roe, K.M. (1993). *Grandmothers as caregivers: Raising children of the crack cocaine epidemic*. Newbury Park, CA: Sage Publications.
- Mullen, F. (1997). *Grandparents raising children: Public benefits and programs*. Presented at Generations United Symposium on Grandparents and Other Relatives Raising Children, October 21-22, 1997.
- Nisivoccia, D. (1996). Working with kinship foster families: Principles for practice. *Community Alternative International Journal of Family Care*, 8(1), 1-21.
- Oppenheim, E. & Bussiere, A. (1996). Adoption: Where do relatives stand? *Child Welfare*, 75, 471-488.

- Pecora, P., Whitiker J., & Maluccio, A., with Barth, R., & Plotnick, R. (1992). *The child welfare challenge*. New York: Aldine de Gruyter.
- Ruggles, S. (1994). The origins of the African-American family structure. *American Sociological Review*, 58, 136-151.
- Rutrough, T., & Ofstedal, M. (1997). *Grandparents living with grandchildren: A metropolitan-nonmetropolitan comparison*. Presented at the annual meeting of the Population Association of America, Washington, DC, March 1997.
- Savner, S., Greenberg, M., & Roberts, P. (1998). *Comments on proposed TANF regulations (45 CFR Chapter II, Parts 270-275)*. Washington, DC: Center for Law and Social Policy (CLASP).
- Sawyer, R., & Dubowitz, H. (1994). School performance of children in kinship care. *Child Abuse & Neglect*, 18, 587-597.
- Scannapieco, M., & Hegar, R. (1994). Kinship care: Two case management models. *Child and Adolescent Social Work Journal*, 11, 315-324.
- Scannapieco, M., & Hegar, R. L. (1996). A nontraditional assessment framework for formal kinship homes. *Child Welfare*, 75, 567-582.
- Scannapieco, M., & Hegar, R. L. (1997). Assessment of kinship care families: Interprofessional implications. Presented at Kinship Care: A Natural Bridge, San Francisco, CA (August 14, 1997).
- Shook, K., & Testa, M. (1997). *Kinship care in the context of welfare reform*. Presented at the annual conference of the Child Welfare League of America, 1997.
- Solomon, J., & Marx, J. (1995). To grandmother's house we go: Health and school adjustment of children raised solely by grandparents. *The Gerontologist*, 35, 386-394.
- Spar, K. (1993). Kinship foster care: An emerging federal issue. *CRS Report for Congress*. Washington, DC: Library of Congress.
- Stack, C. (1974). *All our kin: Strategies for survival in Black communities*. New York: Harper and Row.
- Starr, R., Dubowitz, H., Harrington, D., & Feigelman, S. (1999). Behavior problems of teens in kinship care. In R. Hegar & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice and research* (p. 193). New York: Oxford University Press.
- Takas, M. (1992). Kinship care: Developing a safe and effective framework for protective placement of children with relatives. *Children's Legal Rights Journal*, 13(2), 12-19.
- Takas, M. (1993). Permanent care options involving kin in child welfare cases. *Current Issues in Pediatric Law, National Association of Counsel for Children*, 91-105.

- Takas, M. (1994). *Kinship care and family preservation: Options for states in legal and policy development*. Washington, DC: ABA Center on Children and the Law.
- Takas, M. (1995). *Grandparents raising grandchildren*. New York: Brookdale Foundation Group.
- Taylor, R., & Roberts, D. (1995). Kinship support and maternal and adolescent well-being in economically disadvantaged African-American families. *Child Development*, 66, 1585-1597.
- Testa, M. (1997). Kinship foster care in Illinois. In J. Berrick, R. Barth, & N. Gilbert (Eds.), *Child welfare research review* (Vol. 2) (pp. 101-129). New York: Columbia University Press.
- Testa, M., & Rolock, N. (1999). Professional foster care: A future worth pursuing? *Child Welfare*, 78, 108-124.
- Testa, M., Shook, K., Cohn, L., & Woods, M. (1996). Permanency planning options for children in formal kinship care. *Child Welfare*, 75, 451-470.
- Testa, M. F. (1992). Conditions of risk for substitute care. *Children and Youth Services Review*, 14, 37-47.
- Thornton, J. (1991). Permanency planning for children in kinship foster homes. *Child Welfare*, 70, 593-601.
- Trattner, W. (1989). *From poor law to welfare state: A history of social welfare in America*. New York: The Free Press.
- U.S. Bureau of the Census. (1998). Marital status and living arrangements: March 1998 (Update). In *Current Population Reports: Population characteristics*. Washington, DC: Author.
- U.S. Department of Health, Education, and Welfare. (1961a). *State Letter No. 452*, January 17, 1961. Washington, DC: Author.
- U.S. Department of Health, Education and Welfare. (1961b). *State Letter No. 481*, May 15, 1961. Washington, DC: Author.
- U.S. Department of Health and Human Services. (1990). *The national survey of current and former foster parents*. Washington, DC: Author.
- U.S. Department of Health and Human Services. (1998). *Analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS)*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (1997). 45 CFR Part 270, et al., Temporary Assistance for Needy Families Program (TANF): Proposed rule. *Federal Register*, 62(224), 62123-62172.
- U.S. Department of Health and Human Services, Administration for Children and Families. (1998). 45 CFR Parts 1355 and 1356, Title

- IV-E Foster Care Eligibility Reviews and Child and Family Services State Plan Reviews: Proposed Rule. *Federal Register*, 63(181), 50057-50098.
- U.S. General Accounting Office. (1999). *Kinship care quality and permanency outcomes*. Washington, DC: Author.
- U.S. House of Representatives, Committee on Ways and Means. (1998). *1998 green book*. Washington, DC: Government Printing Office.
- Walker, C., Zangrillo, P., & Smith, J. (1991). *Parental drug abuse and African American children in foster care: Issues and study findings*. Washington, DC: National Black Child Development Institute.
- Widom, C. (1991). The role of placement experiences in mediating the consequences of early childhood victimization. *American Journal of Orthopsychiatry*, 61, 195-209.
- Williams, C. (1994). Legal guardianship. In D. Besharov (Ed.), *When drug addicts have children* (pp. 229-238). Washington, DC: Child Welfare League of America.
- Woodworth, R. (1996). You're not alone... You're one in a million. *Child Welfare*, 75, 619-635.
- Wulczyn F. (1991, March). Caseload dynamics and foster care reentry. *Social Service Review*, 133-156.
- Wulczyn, F., & Goerge, R. (1992). Foster care in New York and Illinois: The challenge of rapid change. *Social Services Review*, 278-294.
- Wulczyn, F., Harden, A., & Goerge, R. (no date). *Foster care dynamics 1983-1994: California, Illinois, Michigan, Missouri, New York, and Texas: An update from the Multistate Foster Care Data Archive*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Yorker, B., Faan, S. K., Whitley, D. Lewis, A., Magis, J., Bergeron, A., & Napier, C. (1998, Spring). Custodial relationships of grandparents raising grandchildren: Results of a home-based intervention study. *Juvenile and Family Court Journal*, 15-25.
- Young, V. (1970). Family and childhood in a southern Negro community. *American Anthropologist*, 72, 269-288.
- Zimmerman, E., Daykin, D., Moore, V. Wu, C., & Li, J. (1998). *Kinship and non-kinship foster care in New York City: Pathways and outcomes*. Prepared for the City of New York Human Resources Administration and Administration for Children's Services. United Way of New York City.
- Zuravin, S., Benedict, M., & Somerfield, M. (1993). Child maltreatment in family foster care. *American Journal of Orthopsychiatry*, 63, 589-596.

- Zuravin, S., Benedict, M., & Stallings, R. (1999). The adult functioning of former kinship and nonrelative foster care children. In R. Hegar & M. Scannapieco (Eds.), *Kinship foster care: Policy, practice and research*. New York: Oxford University Press, 1999.
- Zwas, M. (1993). Kinship foster care: A relatively permanent solution. *Fordham Urban Law Journal*, 20, 343-373.

Index*

A

Abuse. *See* Child abuse and neglect

Administrators: qualifications and responsibilities of, 4.12

Adoption: as permanency option, 2.30

American Indians: tribal community and, 3.14, 5.12

Assessment, 2.10–2.19. *See also* Comprehensive assessment; Initial assessment; children in, 2.11–2.13, 2.14, 2.17; family-centered, 2.10; general principles in, 2.10; kinship caregivers in, 2.12–2.13, 2.14, 3.13; parents in, 2.12–2.13, 2.14, 2.16

(

Child abuse and neglect: assessment of allegations, 2.40; child protective ser-

vices investigating, 2.9; child welfare agency and, 1.10; increase in, 3; in kinship care, 2.41, 2.42

Child protective services (CPS) investigation, 2.9

Children: abused in kinship care, 2.42; adoption of, 2.30; agency recognition of kin as resource for, 4; in comprehensive assessment, 2.14, 2.17; coping with caregiver's multiple roles, 3.16; in development of service plan, 2.22; emancipation of, 2.30; financial support for, 3.19–3.20; financing services for, 4.45; in initial assessment, 2.11–2.13; in kinship care vs. in foster care, 5; legal guardianship of, 2.30; in need of separation from parents, 2.8–2.9; needs of, 1.6; in out-of-home care, 3–4; permanency planning for, 2.25–2.34; remaining in kinship

* Reference locators in **bold type** indicate page numbers. All other reference locators indicate standard sections.

care after child abuse, 2.41; services to, 3.10–3.12; subsidized guardianship of, 2.30

Child welfare agencies: approval/licensing and supervision of kinship homes, 2.35–2.43; assessment capabilities of, 2.19; assisting children, 4.45; assisting community, 5.2; assisting kinship caregivers, 2.19, 3.15, 3.16, 4.45; assisting kinship families, 3.1–3.6, 5.2; assisting parents, 2.16, 2.20, 4.45; collaborating with community agencies, 5.3; considering kinship caregivers as partners, 3.14; deciding on kinship care, 2.9; defining roles, rights and responsibilities in kinship care, 1.9–1.12; developing and maintaining policies and procedures of, 4.5; developing kinship care manual, 4.8; engaging informal family support during and after termination of formal child welfare services, 2.34; fiscal planning and management, 4.44; and formal kinship care, 1.10; and informal kinship care, 1.9, 2.6, 2.7; initial assessment and, 2.13; involved in social work practice, 2.2; liability of, 4.23; mission statement of, 4.4; recognition of kin as resource for children, 4; record keeping, 4.36–4.38; research conducted by, 4.43;

role of, in building support for kinship families, 5.2; service planning and implementation, 2.20–2.24

Child welfare services. *See also* Kinship care services: concluding, 2.43; governance structure for, 4.2; kinship care as, 1–2, 1.4–1.8; termination of, family support after, 2.34

Community, 5.1–5.15; assisting kinship families, 3.1, 3.6, 3.17; child welfare agencies collaborating with, 5.3; help of, in training, 4.33; involved in social work practice, 2.2; tribal, 3.14, 5.12

Comprehensive assessment: of child, 2.17; with kinship caregivers, 2.18; parents' role in, 2.16; participants in, 2.14; time frame for, 2.15

Concurrent planning: with kinship families, 2.31

Confidentiality, 4.38

Criminal record check: of kinship caregivers, 2.38; of kinship care staff, 4.17

Cross-system training, 4.35

Cultural competence: in kinship care service design, 3.2; of kinship care staff, 4.16

D

Data systems, 4.36–4.38

Discussion groups, 4.26

Documentation, 4.36–4.38

{

Educational support programs for kinship caregivers: characteristics of, 4.26; content of, 4.27; enhancing, through ongoing information, 4.28

Emancipation, 2.30

Evaluation in kinship care services, 4.39–4.43; of administrative functions and operations, 4.41; importance of, 4.39; of performance, 4.40

f

Faith organizations, 5.10

Family-centered assessment, 2.10

Family-centered casework, 2.3

Family-centered system, 1.6

Family records: in kinship care, 4.36

Family violence service providers: supporting kinship families, 5.6

Father. *See also* Parents: in comprehensive assessment, 2.16

Financial support: in formal and informal kinship care, 3.19–3.20; for kinship care services, 4.44–4.45

Formal kinship care: child welfare agency and, 1.10; as child welfare service, 1.4; definition of, 1.3, 2; family records in, 4.36; financial support for children in, 3.19–3.20; goal of,

1.7; growth of, 3–4; services to children in, 3.10–3.12; services to kinship caregivers in, 3.13–3.18; services to parents in, 3.7–3.9; social work practice in, 2.8–2.9; vs. out-of-home care, 1.8

Foster care. *See also* Out-of-home care: vs. kinship care, 5

Foster families: decline in number of, 5

G

Grandparents: as kinship caregivers, 2–3, 3.16

H

Health standards for kinship homes, 2.36

I

Indian Child Welfare Act (1978), 5.12

Informal kinship care: child welfare agency and, 1.9, 2.6, 2.7; definition of, 1.2, 1–2; family records in, 4.36; financial support for children in, 3.19–3.20; recognition and support of, 2.5; social work practice in, 2.5–2.7

Informal supports, 2.34; ensuring access to, 3.3, 3.6; role of, 5.14

Initial assessment: process of, 2.12; purpose of, 2.11; service planning based on, 2.13

Inservice training, 4.33

K

Kinship care. *See also* Formal kinship care; Informal kinship care: assessment in, 2.10–2.19; best practice in, 6–7; children remaining in, after child abuse, 2.41; as child welfare service, 1–2, 1.4–1.8; confidentiality in, 4.38; deciding on, 2.9; defining and measuring outcomes in, 4.7; definition of, 1, 1.1; as family-centered practice, 1.6; family records in, 4.36; growth of, 2–6; guiding principles for, 1.5; as integral part of community, 5.1; length of stay in, 5; media and, 5.13; permanency planning in, 2.25–2.34; roles, rights and responsibilities in, 1.9–1.12; service planning in, 2.20–2.24; social work practice in, 2.1–2.43; stability of placement in, 5; vs. foster care, 5

Kinship caregivers: as active community partners, 5.15; agency recognition of, 4; in assessment, 2.14, 2.12–2.13, 3.13; assisting, 2.19, 3.15; in comprehensive assessment, 2.14, 2.18; concrete service needs of, 3.17; in concurrent planning, 2.31; criminal record check of, 2.38; in development of service plan, 2.22; educational support programs for, 4.26–4.28; fi-

nancing services for, 4.45; grandparents as, 2–3, 3.16; in initial assessment, 2.12–2.13; in legal guardianship, 2.30; multiple roles of, 3.16; parents and, 3.15; as partners of child welfare agency, 3.14; in permanency planning, 2.26; roles, rights and responsibilities of, 1.12; services to, 3.13–3.18; in subsidized guardianship, 2.30; training for, 4.24–4.25; working with, toward reunification, 2.29

Kinship care manual, 4.8

Kinship care services. *See also* Child welfare services: casework and management information system for, 4.37; community-based support for, 5.1–5.15; components of organizational framework for, 4.3; defining roles and responsibilities in delivery of, 4.6; evaluation in, 4.39–4.42; financial support for, 4.44–4.45; governance structure for, 4.2; legal and policy environment for, 4.1; organizational framework for delivering, 4.1–4.8; organizational support for delivery of, 4.18–4.23; research in, 4.43

Kinship care staff, 4.9–4.17. *See also* specific positions; caseload standards for, 4.20; criminal record

check of, 4.17; cultural diversity of, 4.16; establishing roles and responsibilities of, 4.6; liability of, 4.23; recruitment of, 4.9–4.11; seeking advance degrees, 4.34; supervision of, 4.21; supports and resources for, 4.22; as trainers, 4.25; training for, 2.19, 4.24–4.25, 4.29–4.35; workload standards for, 4.19

Kinship families: as active community partners, 5.15; child welfare agency supporting, 3.1–3.6, 5.2; community supporting, 3.1; concluding services to, 2.43; faith organizations supporting, 5.10; family violence service providers supporting, 5.6; informal supports for, 3.3, 3.6; legal assistance providers and, 5.9; mental health professionals supporting, 5.5; schools supporting, 5.4; substance abuse treatment service providers supporting, 5.7

Kinship foster care. *See* Formal kinship care

Kinship homes: approval/licensing of, 2.35; assessment of child abuse allegations, 2.40; child abuse in, agency's response to, 2.42; health standards for, 2.36; monitoring and supervising, 2.39; safety standards for, 2.36

L

Law enforcement, 5.8

Legal assistance providers, 5.9

Legal guardianship: as permanency option, 2.30

M

Management information system: for enhancing evaluation, 4.42; for gathering and analyzing kinship care data, 4.37

Media, 5.13

Mental health professionals: supporting kinship care families, 5.5

Mother. *See also* Parents: in comprehensive assessment, 2.16

N

Neglect. *See* Child abuse and neglect

O

Out-of-home care: increasing number of children in, 3–4; vs. formal kinship care, 1.8

P

Paraprofessionals: qualifications of, 4.15

Parents: child welfare agencies assisting, 2.16, 2.20; in comprehensive assessment, 2.14, 2.16; in concurrent planning, 2.31; in

development of service plan, 2.22; financing services for, 4.45; in initial assessment, 2.12–2.13; kinship caregivers and, 3.15; in permanency planning, 2.25; roles, rights and responsibilities of, 1.11; service needs of, 3.5; services to, 3.7–3.9; working with, toward reunification, 2.29

Permanency planning, 2.25–2.34; concurrent, 2.31; court's role in, 2.32; kinship caregivers in, 2.26; options in, 2.30; parents in, 2.25; reunification in, 2.28–2.29; strengthening through multidisciplinary approaches, 2.33

Preservice training, 4.30; for social workers, 4.31; for supervisors, 4.32

R

Recordkeeping, 4.36–4.38

Recruitment of kinship care staff, 4.9–4.11

Research, 4.43

Reunification: as first permanency option, 2.28; working with parents and kinship caregivers toward, 2.29

S

Safety standards for kinship homes, 2.36

Schools: supporting kinship families, 5.4

Service plan, 2.20–2.24; based on initial assessment, 2.13; elements of, 2.23; goals of, 2.20; joint development and implementation of, 2.22; purpose of, 2.21; review of, 2.24

Social support methods, 2.4

Social workers: in initial assessment, 2.12; inservice training for, 4.33; preservice training for, 4.31; qualifications and responsibilities of, 4.14; supporting and strengthening kinship care arrangement, 2.18

Social work practice, 2.1–2.43; family, agency, and community involvement of, 2.2; family-centered casework, 2.3; in formal kinship care, 2.8–2.9; in informal kinship care, 2.5–2.7

Staff. *See* Kinship care staff

Subsidized guardianship: as permanency option, 2.30

Substance abuse treatment service providers: supporting kinship families, 5.7

Supervisors: inservice training for, 4.33; preservice training for, 4.32; qualifications and responsibilities of, 4.13

Supplemental Security Income (SSI), 3.19

Support staff: qualifications of, 4.15

T

Temporary Assistance to
Needy Families (TANF),
3.17, 3.19, 4.27

Training programs, 2.19,
4.29–4.35. *See also*
Preservice training; com-
ponents of, 4.29; cross-
system, 4.35; developing,
4.25; importance of, 4.24;
inservice, 4.33

Tribal community, 3.14, 5.12

V

Volunteers: establishing roles
and responsibilities of, 4.6